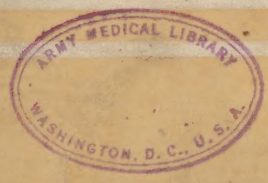


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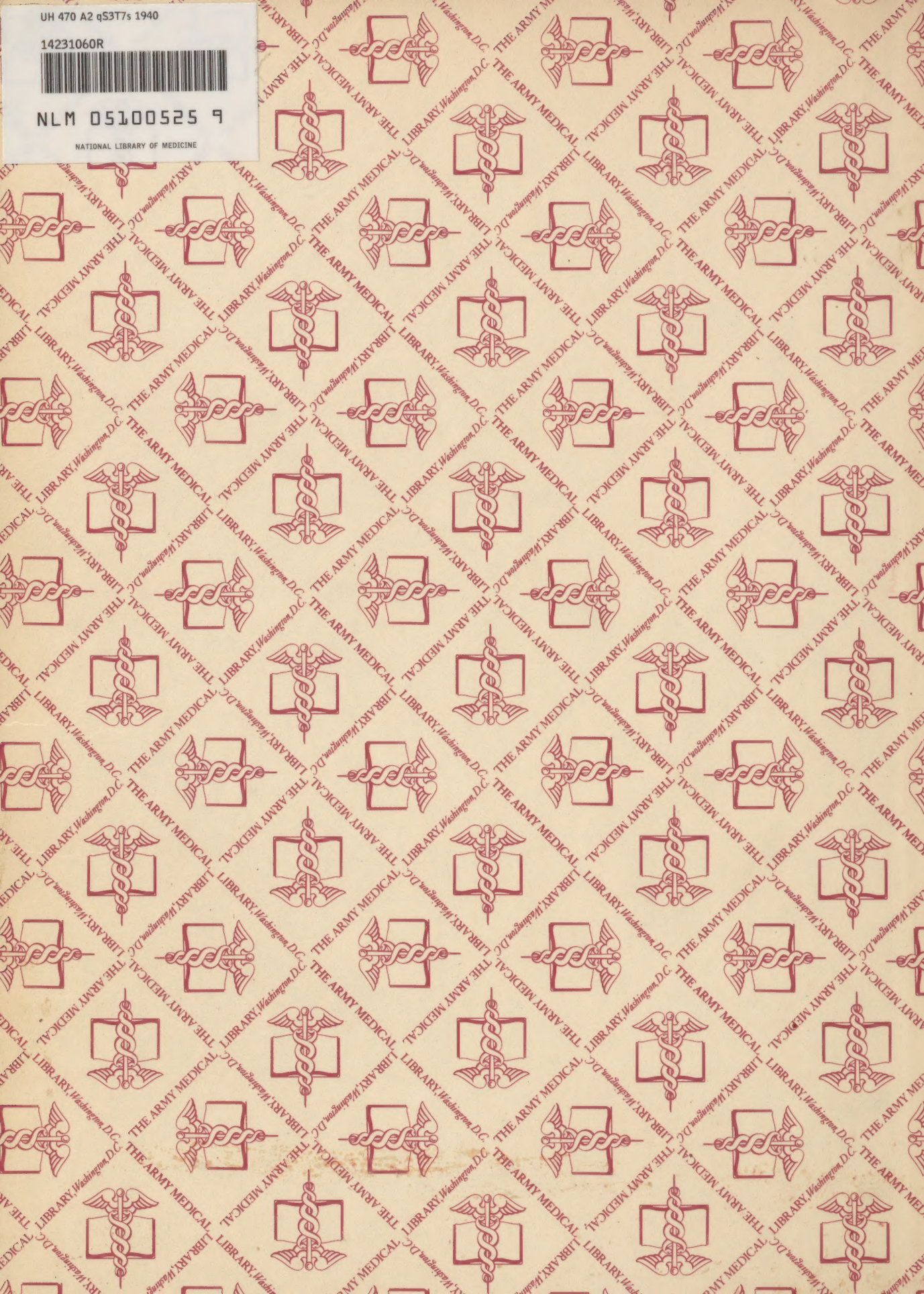
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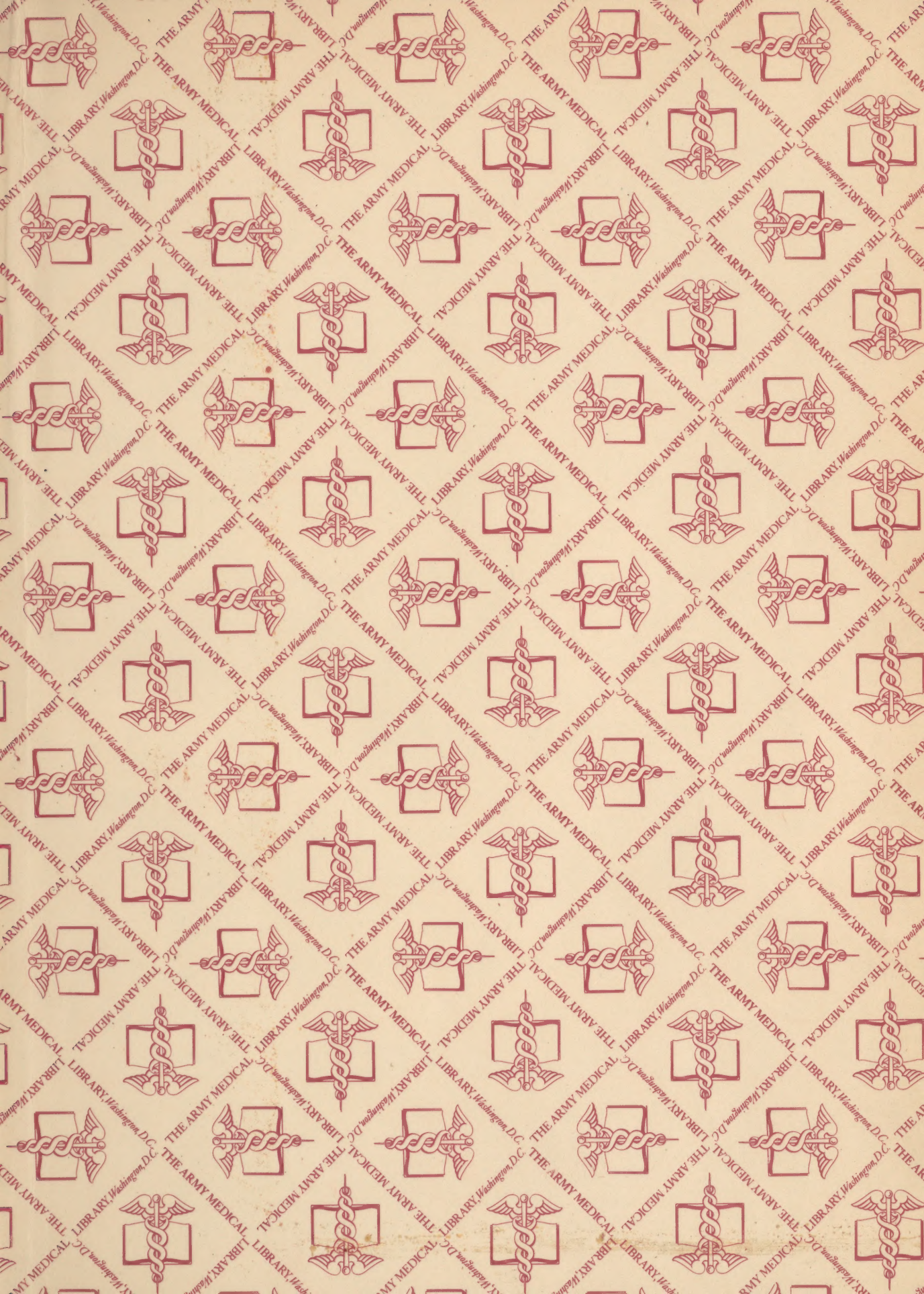
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I N D E X

SECTION I STANDING OPERATING PROCEDURES

ADJUTANT

1. Principal Duties.....	1
2. Additional Duties.....	1
3. Activation Duties.....	2
4. Mail.....	2
5. Personnel.....	3
6. Policy File.....	4
7. Classified Documents.....	4
8. Army Regulations, War Department Circulars, Bulletins...	4
9. Suspense Items.....	4

BOARDS

(Change in AR 35-1440).....	4-A
Disease or Injury Due to Patients' Misconduct.....	4

DENTAL SERVICE

1. Appliances, Notations Concerning.....	8
2. Cases, Special.....	8
3. Chief of Service.....	8
4. Examination and Treatment, Dental.....	8
5. Forms, Medical Department, For Use in Dental Section....	10
6. Officer, Dental, Emergency.....	10
7. Officer, Dental, Senior.....	10
8. Records, Reports, and Returns.....	10
9. Training, Parallel.....	11

DEATHS

1. Administrative and Clerical Jurisdiction.....	12
2. Chaplain, Notification of.....	12
3. Chief of Laboratory Service, Responsibility of.....	12
4. Death Report.....	12
5. Effects of Deceased.....	13
6. Procedure.....	13
7. Registrar, Action By.....	13

THE DETACHMENT

1. Administrative Section.....	14
2. Appearance and Conduct, General.....	14
3. Barracks, Police of.....	14
4. Bulletin Board.....	14
5. Charge of Quarters.....	15
6. Clothing.....	15
7. Communication, Channels of.....	16
8. Duty, Reporting for and on Departure.....	16
9. Fire Regulations.....	16

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44
470
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T

10.	Functions, General Notes on Detachment.....	16
11.	Gambling.....	23
12.	Hygiene, Personal.....	23
13.	Inspection, Monthly Physical.....	23
14.	Jurisdiction.....	23
15.	Laundry Service.....	23
16.	Lights.....	24
17.	Liquor, Intoxicating.....	24
18.	Loitering or Congregating.....	24
19.	Noise.....	24
20.	Organization.....	24
21.	Passes and Furloughs.....	24
22.	Patients, Financial Dealings With.....	24
23.	Professional Section.....	25
24.	Property, Government.....	25
25.	Prophylaxis, Venereal.....	25
26.	Regulations, Enforcement of.....	25
27.	Regulations, Posting of.....	25
28.	Restriction and Arrest.....	25
29.	Roster, Emergency.....	26
30.	Sick Call.....	26
31.	Sleeping Out of Quarters.....	26
32.	Smoking.....	26
33.	Surgeon's Office, Noncommissioned Officer.....	26
34.	Training.....	27
35.	Uniform.....	27
36.	Wardmasters and Ward Attendants.....	27

DISPENSARY

1.	Function.....	28
2.	Medical Attendance.....	28
3.	Officer in Charge.....	28
4.	Officer in Charge, Special Duties of.....	28
5.	Records.....	29

EXECUTIVE OFFICER

1.	Principal Duties.....	31
2.	Additional Details and Duties.....	34
3.	Activation Duties.....	34

FOOT MARCHES

1.	Administrative Foot Marches.....	36
2.	Alarms.....	37
3.	Formation.....	37
4.	Grouping.....	37
5.	Night Marching.....	38
6.	Order of March.....	38
7.	Orientation.....	38
8.	Plan.....	38
9.	Responsibility.....	38
10.	Route.....	38
11.	Security.....	39
12.	Tactical Foot Marches.....	39

INFORMATION OFFICE

1. Organization.....	40
2. Function.....	40
3. Report of Administrative Officer of the Day.....	41

LABORATORY SERVICE

1. Autopsies.....	42
2. Blood Transfusions.....	42
3. Bodies, Disposition of.....	43
4. Chief of Service.....	43
5. Containers, Use of Proper.....	44
6. Detail, Emergency.....	44
7. Examinations, Emergency.....	45
8. Examinations, Procedure in Requesting.....	45
9. Examinations, Record of.....	46
10. Organization.....	46
11. Patient, Procedure in Death of.....	47
12. Specimens, Preservation of.....	47

MEDICAL SERVICE

1. Assistant Chief, Medical Service.....	48
2. Autopsies, Attendance at.....	48
3. Cardiovascular-Renal Section.....	48
4. Check List.....	49
5. Check List for Ward Inspection.....	50
6. Chief, Medical Service.....	52
7. Chiefs of Sections.....	53
8. Communicable Disease Section.....	53
9. Gastro-Intestinal Section.....	55
10. Meetings, Staff.....	56
11. Medical Section, General.....	56
12. Medical Section, Officers'.....	57
13. Neuropsychiatric Section and Occupational Therapy.....	58
14. Officers, Ward.....	63
15. Orders, Standing.....	63
16. Reports.....	64
17. Sections.....	64

MEDICAL SUPPLY

1. General.....	66
2. Unit Operations, Prior to.....	67
3. Unit Operation.....	69

MESS

1. Bivouac.....	73
2. General.....	73
3. Head Dietitian, (If Present) Responsible For.....	74
4. Kitchen Wastes, Liquid.....	74
5. Kitchen Wastes, Solid.....	75
6. Mess Officer, Responsible For.....	76

7. Mess Sergeant, Responsible For.....	78
8. Miscellaneous.....	78
9. Personnel.....	79
10. Records.....	79
11. Supply.....	80
12. Water, Chlorination of.....	80

MESS, GENERAL NOTES ON OPERATION OF

1. Bills of Fare and Diet Cards.....	81
2. Commanding Officer, Duties of.....	81
3. Diet Kitchens.....	82
4. Food Handlers.....	82
5. Food, Serving of.....	82
6. Funds.....	83
7. Hospital Subsistence Account.....	86
8. Mess Management.....	89
9. Noncommissioned Officers, Duties of.....	89
10. Pay, Extra, For Certain Enlisted Men.....	91
11. Property, Medical Department, Use and Care of.....	91
12. Utensils, Tableware, Mess Kits, Etc.....	91

MOTOR MARCHES

1. Administrative.....	94
2. Tactical.....	96

MOTOR SECTION

1. Abuses.....	98
2. Accidents and Accident Investigation.....	98
3. Ambulance Service.....	101
4. Drivers, Qualification of.....	101
5. Inspection.....	101
6. Personnel.....	101
7. Repair Supplies.....	102
8. Safety Precautions.....	102
9. Standing Operating Procedures.....	103
10. Vehicles, Assignment of.....	105
11. Vehicle, Motor, Authorized.....	105

NARCOTICS

1. Issue.....	106
2. Records.....	107
3. Storage.....	107

NURSING SERVICE

1. Status.....	108
2. Procedure on Arrival.....	108
3. Supervision.....	108
4. Principal Chief Nurse, Responsibilities of.....	108
5. Hours of Duty.....	108
6. Nursing Service.....	108

7. Procedure of Nurses on Relieving Others in Charge of Wards.....	110
8. Procedure on Being Relieved From Duty.....	110

OFFICERS OF THE DAY

1. Administrative Officer of the Day.....	111
2. Professional Officers of the Day.....	113

ORGANIZATION, GENERAL HOSPITAL.....

ORGANIZATION CHART

PATIENTS

1. Clothing and Baggage.....	128
2. Conduct of Patients.....	132
3. Funds and Valuables.....	132
4. Seriously Ill Patients.....	136

PHARMACY

1. Detail, Emergency.....	139
2. Labels, Preparation of.....	139
3. Medicine, Authority for Dispensing.....	139
4. Noncommissioned officer in Charge, Duties and Assistants...	139
5. Officer in Charge, Duties of.....	140
6. Operation to be in Conformity with Army Regulations.....	140
7. Prescription, Compounding of.....	140
8. Prescription, Notations Thereon.....	140

PROFESSIONAL SURGICAL SERVICE

1. General Provisions.....	141
2. Anesthesia and Operating Section.....	143
3. Eye, Ear, Nose and Throat Section.....	145
4. General Surgery Section.....	146
5. Genito-Urinary Section.....	147
6. Orthopedic Surgery and Physiotherapy Section.....	148
7. Septic Surgery Section.....	150

RECEIVING AND EVACUATION OFFICE

1. Admission of Patients.....	151
2. Ambulance Service.....	152
3. Discharge of Patients.....	152
4. Evacuation of Patients by Boat or Rail.....	156
5. Function.....	156
6. Noncommissioned officer, Special Duties of.....	157
7. Office Hours.....	157
8. Out-Patient Service.....	157
9. Personnel.....	157
10. Receiving and Evacuation Office.....	158
11. Reports.....	158

RECORDS OF MORBIDITY AND MORTALITY

1. Preparation, Collection, and Disposition.....	160
--	-----

2. Sick and Wounded Records with References.....	160
--	-----

ROUTINE REPORTS AND RECORDS

1. Daily.....	162
2. Weekly.....	163
3. Semi-Monthly.....	163
4. Monthly.....	163
5. Form Number and General Provisions.....	165

ROENTGENOLOGICAL SERVICE

1. General.....	172
2. Organization.....	172
3. X-Ray Examinations, Instructions Relative To.....	172

SECURITY MEASURES

1. In Field.....	175
2. In Garrison.....	178

UTILITIES AND MAINTENANCE

1. Funds.....	180
2. General.....	180
3. Operations.....	180
4. Personnel.....	180
5. Priority.....	181

WARD ADMINISTRATION

1. Ward Masters.....	182
2. Ward Nurses.....	182
3. Ward Officer.....	183

SECTION II - GENERAL

ACTIVATION INSTRUCTIONS

1. General.....	187
2. ASFTC Responsibilities.....	187
3. Duties of the Commanding Officer.....	187
4. Activation.....	188
5. Personnel Office.....	188
6. Officers to be Appointed Upon Activation.....	189
7. General Notes for the Commanding Officer.....	189
8. The Personnel Sergeant Major.....	190
9. Morning Reports.....	191
10. Initial Rosters.....	191
11. Submission of Initial Rosters.....	193
12. Monthly Personnel Roster.....	193
13. General and Special Orders.....	193
14. Essential Army Regulations and Publications Necessary for Operation of a Unit Personnel Section.....	196

MOVEMENT ON CHANGE OF STATION

1. General Instructions.....	199
2. Steps to be Taken Upon Receipt of "Alert".....	199
3. Steps to be Taken Upon Receipt of Movement Orders.....	204
4. The Advance and Billeting Parties.....	208
5. Boxing, Crating and Marking of Organization Equipment....	209
6. Vehicles.....	210
7. Troop Trains.....	212

ADMINISTRATIVE CHECK LIST - TABLE OF CONTENTS.....

 213

ADMINISTRATIVE CHECK LIST.....

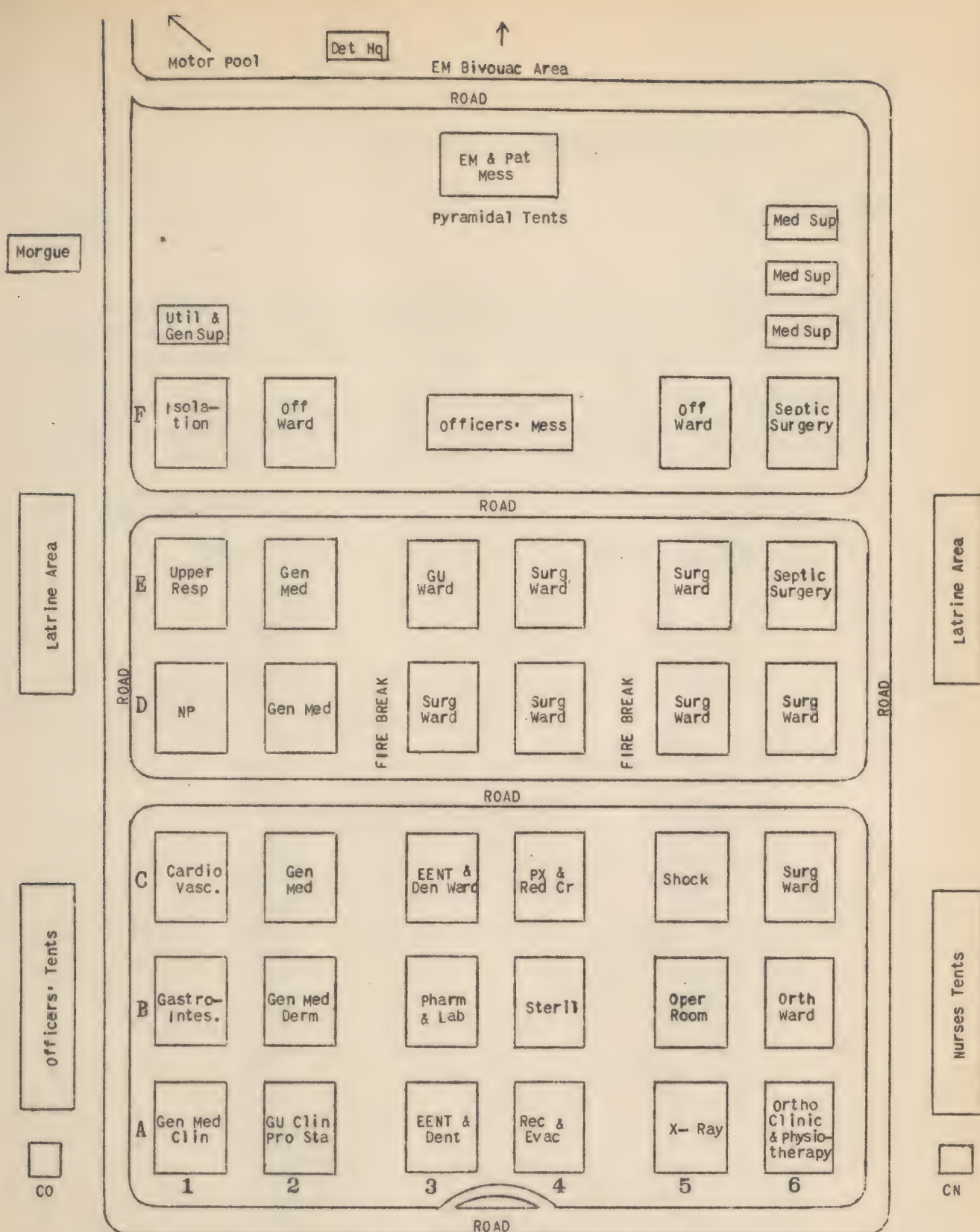
 214

SPECIAL SERVICE, INFORMATION, AND EDUCATION OFFICERS' PREPARATION FOR OVERSEAS SERVICE

1. Stages in movement of unit.....	241
2. Things to do before leaving camp.....	241
3. Things to do enroute from camp to staging area.....	242
4. Things to do at the staging area.....	242
5. Things to do at point of embarkation (pier).....	243
6. Things to do during voyage.....	243
7. Things to do at the port of debarkation.....	244
8. Things to do in field location.....	244

TRAINING OF THE ENLISTED PERSONNEL OF THE MEDICAL SERVICE

1. General.....	246
2. Subjects.....	246



- NOTE: 1. Tents in ramps A,B,C, D,E and F are ward tents (total 35)
2. Med Supply tents are storage tents.
3. Remainder of tentage shown is pyramidal or small wall.

Suggested field arrangement for 500 bed numbered Station Hospital under tentage. Modification of this arrangement can be made for numbered Station Hospitals of various sizes.

S. O. P. FOR NUMBERED GENERAL HOSPITALS

Change
No. 1

30 October 1944

In connection with the redesignation of MD, QMC, WD and WDOO forms, your attention is invited to War Department Pamphlet No. 12-3, 25 August 1944, which supersedes War Department Pamphlet No. 21-3, 24 March 1944.

The following changes as outlined therein are published for the information and guidance of all concerned. In accordance with the above, stocks of old forms will be used until present supply is exhausted.

A. NEW FORM NUMBERS

<u>New AGO No.</u>	<u>Old WD MD No.</u>
8-23	51
8-24	52
8-25	52-a
8-26	52-b
8-27	52-c
8-28	52-d
8-29	53
8-33	55-a
8-39	55-d
8-40	55 E-1
8-41	55 E-2
8-42	55 E-3
8-43	55 E-4
8-54	55 G-1
8-63	55 K-2
8-66	55 L
8-68	55 L-2
8-69	55 L-3
8-70	55 L-4
8-71	55 L-5
8-72	55 L-6
8-73	55 L-7
8-74	55 L-8
8-75	55 L-9
8-77	55 L-14
8-82	55 M
8-83	55 N
8-84	55 O-1
8-85	55 O-2
8-87	55 P
8-98	57
8-103	65
8-108	72-a

New AGO No.Old WD MD No.

8-109	73
8-110	74
8-111	75
8-112	76
8-114	78
8-116	79
8-117	81
8-122	86-ab
8-19	86-c
8-142	123
8-144	125

New AGO No.Old QMC No.

446	(400
	(401
10-112	424
10-140	480
10-142	487
10-143	488

New AGO No.Old WDOO No.

9-74	7360
9-75	7361

B. TENTATIVE FORM NUMBERSNew AGO No.Old WD No.

371)	
371-a)	370

C. FORM NUMBERS DISCONTINUED

WD MD 97

S E C T I O N I

STANDING OPERATING PROCEDURES

A D J U T A N T

1. PRINCIPAL DUTIES

- a. Officer of the Day Reports
 - (1) In the absence of the Executive Officer, the Adjutant will take the daily reports.
 - (2) Maintain and post or publish rosters for Officers of the Day.
- b. Publish and distribute official orders and memoranda for the organization and maintain suitable file copies.
- c. Publish official roster of officers; departmental or service data, statistics or tabulations as required.
- d. Supervise the Sergeant Major's office; Message and File Center; Information Office; Postal Service; and Personnel Office.
- e. Maintain and secure the Confidential File.
- f. Maintain Headquarters Library of official publications.
- g. Dispatch passenger vehicles for use of Headquarters Personnel and for officers at special occasions.
- h. In the absence of the Commanding Officer and Executive Officer to speak for the Commanding Officer in matters of policy and procedure.
- i. Audit such official accounts, books and procedures as may be assigned to him.
- j. Act upon furlough of enlisted men. In the absence of the Executive Officer act upon special passes and requests.
- k. Maintain an Officer's Report Book at a central location at Headquarters. Introduce all official visitors, military and civilian, to the Commanding Officer or Executive Officer.
- l. Report Chart. Maintain a current chart showing dates, origin, responsibility, routine, number and disposition of all periodic reports.

2. ADDITIONAL DUTIES

- a. Personal Affairs Officer
- b. Recreational Officer
- c. Custodian of Authorized Funds.
- d. Auditor of Authorized Post Funds
- e. Assistant Director of Personnel

- f. Cryptographic and Security Officer
- g. Ration Officer: Gas, shoes.
- h. Member of various boards of officers.

3. ACTIVATION DUTIES

- a. Requisition sufficient furniture and office supplies for the initial operation of the office of the Commanding Officer, Executive Officer, Sergeant Major's Office, Information Office, Message Center, and Adjutant and Personnel Office.
- b. Request from the Commanding Officer, Detachment Medical Department or the Personnel Director sufficient personnel to initiate operation of the above offices.
- c. Publish General Order No. 1 containing paragraphs to cover:
 - (1) Activation quoting authority
 - (2) Assumption of command
 - (3) Appointment of staff.
- d. Publish special orders to assign officers and other personnel who have reported.
- e. Initiate the Daily Diary and Headquarters Morning Report and Sick Report.
- f. Set up chart of periodic report and initial reports.
- g. Supervise the set-up and operation of the Sergeant Major's Office, Message Center, Filing System, Information Office, and Mail Service and Personnel Office.
- h. Chart and assign officers quarters as indicated by the Commanding Officer or Executive Officer.
- i. Prepare and forward requisition for requested WD Forms and publications to the nearest supply point.
- j. Publish the roster of Officers of the Day.

4. MAIL

- a. The mail clerk will obtain mail at 0800, 1100, and 1500 daily and distribute it at 1150 and 1650 daily; on Sundays at 0900. The mail clerk will open and stamp all mail. He will make distribution to:
 - (1) Sergeant Major
 - (a) Miscellaneous mail for transmission to the Adjutant.
 - (b) Personnel mail for routing and processing.

(2) Adjutant

(a) Secret, confidential and registered mail.

b. Each incoming letter (except mimeos) will be stamped on the original and all copies by a receiving stamp, showing date and hour of receipt.

c. File copies will be withdrawn and passed to the file clerk who will place such copies in a suspense file until file copies of replies or reports of action are received. The file will be properly assembled and placed in a permanent file.

d. Letters and indorsements concerning individuals, originating or prepared in the personnel section, will be prepared by the sergeant major and will be signed by the Adjutant.

e. Drafts of memorandums, bulletins and orders will be routed through the sergeant major to the adjutant for approval before publication. The Adjutant will authenticate bulletins, memorandums, and orders.

f. Receipt and delivery of registered mail will be recorded in a book kept for that purpose. This will be in addition to signing the regular post office form.

g. Mail will be dispatched to the APO (next higher) in locked pouches to be furnished by post office department.

h. The mail clerk will be designated by special order and a copy furnished next higher Headquarters.

5. PERSONNEL

a. The Adjutant will administer and operate the personnel section. He will accomplish all assignments, reassignments and transfers within the hospital.

b. When all three hospitalization units are functioning together, there will be three (3) general clerks and four (4) clerk-typists available. When this condition prevails they will be set up in two groups:

(1) Payroll group

Prepares payrolls, individual vouchers, final statements, applications for insurance and allotments and will verify and enter all statements of charges, fines and forfeitures.

(2) Service record group

Keeps service records posted, prepared extract copies, maintains locator files, 201 files, etc.

c. A list of reports sometimes necessary and a list of those which will be used routinely are attached. It will be the responsibility of the Adjutant and the Executive Officer to procure copies of all these forms and carry out instruction in their use for a period of six hours weekly until the hospital begins to receive patients.

6. POLICY FILE

The sergeant major will maintain the policy file under supervision of the Adjutant. The file will consist of true copies of policy letters or other directives from higher authorities, and initialed memoranda embodying policies of the hospital commander.

7. CLASSIFIED DOCUMENTS

These will be handled in accordance with AR 380-5 as amended, and current War Department directives. Secret and confidential directives will be kept in the Adjutant's safe. The key and combination will be in personal possession of the Adjutant at all times.

8. ARMY REGULATIONS, WAR DEPARTMENT CIRCULARS, BULLETINS.

a. The sergeant major will be responsible for posting daily with such changes, amendments and rescissions published by authority.

b. All new regulations, circulars and bulletins will be circulated to all officers of Headquarters, each hospitalization unit commander, and the MAC Officer attached to that unit. These will not be retained on the officer's desk longer than 24 hours. The officer will initial the communication and put in out box for distribution to next officer on the distribution buck slip.

9. SUSPENSE ITEMS

To be kept by the sergeant major. He will also keep a communication clearance date record.

NOTES

The following radiogram from The Adjutant General, Washington, D. C., is repeated for compliance by all concerned:

"Effective 27 September 1944, Section 2, Act of 17 May 1926, (see paragraph 1, AR 35-1440 and paragraph 1, AR 345-415), is repealed by Section 1, Act of 27 September 1944, Public Law 439, 78th Congress. This new legislation permits continuation of pay to personnel while sick not repeat not in line of duty due to venereal disease. Changes in regulations will follow. Desire all finance officers within geographical limits your Service Command be so informed. End."

BOARDS

(Disease or Injury Due to Patients' Misconduct)

1. STATUTORY PROVISIONS

Paragraph 1, AR 35-1440, prohibits any pay, as distinguished from allowances, to any person in the military or naval service for the period of absence from duty in excess of twenty-four hours if the absence is due to disease--as distinguished from injury--resulting from his own intemperate use of drugs or alcoholic liquors or venereal disease acquired through misconduct provided the absence from duty due to venereal disease shall be within one year following the appearance of the initial symptoms and regardless of whether the initial symptoms appeared prior to or subsequent to enlistment except that each person whose pay is forfeited for a period in excess of one month at any one time shall be paid for necessary personal expenses five dollars for each full month during which his pay is forfeited.

2. TWO OR MORE DISABILITIES

When a patient is hospitalized for two or more disabilities, one of which comes within the purview of AR 35-1440, the major disability will determine his pay status. In such cases if the need for hospitalization for the major disability ceases and the patient remains in the hospital for treatment of the lesser condition, the date of cessation of treatment for the major condition will be the date of the change of pay status of the patient and will be so reported by the Ward Officer. Venereal disease contracted while a patient is in hospital does not place the patient on a non-pay status until such time as the original cause of his admission to hospital has reached the stage where hospitalization is no longer required for the cause of admission, when the patient goes on a non-pay status for the further hospitalization required for the disease placing him on the non-pay status.

3. PROCEDURE WHEN MILITARY PATIENT IS PLACED ON NON-PAY STATUS

When it has been determined that a military patient is hospitalized for a disease within the purview of AR 35-1440, the ward officer will immediately notify the patient. The patient will be informed that if he objects to being placed on a non-pay status he may present his objections in writing and furnish therewith any evidence or facts which he may desire to have considered. In the event objections are presented they will be forwarded, together with all medical papers in the case, through the Chief of the Service, to the Commanding Officer for final decision. Should objections be presented and forwarded, as prescribed herein, the patient will nevertheless be placed on a non-pay status and reported to the Commanding Officer, Detachment of Patients in the same manner as indicated in sub-paragraph 4 below, pending final decision in the case. Patients placed on a non-pay status will acknowledge notification of such fact in a signed statement on the Progress Sheet of the Clinical Record in the following form:

"I have been notified that under the provisions of AR 35-1440
I have been placed on a non-pay status.

/s/ John Doe, ASN 00 000 000
Pvt, Co "C", 20th Inf "

4. REPORTS RENDERED IN CONNECTION WITH NON-PAY STATUS OF MILITARY PATIENTS.

a. By Ward Officers

When a military patient is placed on a non-pay status, the ward officer will immediately furnish the Commanding Officer, Detachment of Patients, a signed report of the diagnosis, statement that the disease is not in line of duty, AR 35-1440 applies, and the date stoppage of pay became effective. The ward officer will also make report to the Commanding Officer Detachment of Patients should the non-pay status of a military patient terminate, with the date, and whether or not the patient requires further hospitalization for a condition not involving pay stoppage.

b. By the Commanding Officer, Detachment of Patients

(1) Upon receipt of either of the reports referred to in the preceding sub-paragraph pertaining to military patients, other than enlisted men, and when the patient is returned to duty, the Commanding Officer, Detachment of Patients, will prepare a letter for the signature of the Adjutant to the Adjutant General setting forth the appropriate data.

(2) Upon receipt of either of the reports referred to in the preceding sub-paragraph in the case of an enlisted man and when the patient is returned to duty, the Commanding Officer, Detachment of Patients, will cause the necessary entries to be made in the records of the enlisted man concerned. In the event the records of the enlisted man concerned are not in the custody of the Commanding Officer, Detachment of Patients, or in the case of an enlisted man belonging to one of the duty detachments, the Commanding Officer, Detachment of Patients, will notify the proper commanding officer.

5. PROCEDURE UPON DISAGREEMENT WITH FINDINGS OF HOSPITAL FROM WHICH MILITARY PATIENTS ARE TRANSFERRED.

Should the Ward Officer have reason to doubt the justice of the findings determined at the Post from which a patient is transferred in case where a patient has been received by formal transfer, he will forward a report of his findings and recommendations to the Commanding Officer, Detachment of Patients. Upon receipt of the findings of the Ward Officer, the Commanding Officer, Detachment of Patients, will request a board of officers, as prescribed in paragraph 3b, AR 345-415. The findings of the board when approved by the Commanding Officer shall be final in the case.

6. ABSENCE FROM DUTY ON ACCOUNT OF INJURY DUE TO OWN MISCONDUCT

Article of War No. 107 directs that an enlisted man absent from duty because of injury the result of his own misconduct be continued in the service after his return to a duty status and after his enlistment would normally have expired for such period as will with the time he had served prior to his disability amount to the full term of his enlistment. When a ward officer has determined that a soldier in his ward is suffering from an injury, as distinguished from disease, which was incurred through the patient's own misconduct, he will proceed as in sub-paragraph 3 and 4 above.

7. LINE OF DUTY BOARDS

AR 345-415, paragraph 1c (4) (b) and change 1 directs that in every case of injury, except battle casualty which in the opinion of the Ward Officer is likely to result in a partial or complete disability and eventually be made the basis of a claim against the Government, the commanding officer, upon recommendation of the Ward Officer, will convene a board of officers to investigate and report upon the circumstances attending the injury.

When a ward officer believes a case in his ward comes within the purview of the paragraph above he will report the facts with his recommendation through the Chief of the Service to the Commanding Officer, Detachment of Patients. Upon receipt of the report of the ward officer by the Commanding Officer, Detachment of Patients, he will request the Commanding Officer to convene a board of officers if the case in question was admitted from command. If the case was admitted from another command, either by formal or informal transfer the Commanding Officer, Detachment of Patients, will, unless he has reason to believe a board of officers has been convened, prepare a letter for the signature of the Adjutant to the soldier's Commanding Officer requesting a board of officers be convened. The letter requesting a board will state the nature and location of the injuries for which the soldier is hospitalized.

Upon receipt of the approved proceedings of a board of officers the Commanding Officer, Detachment of Patients, will cause the necessary entries to be made on the records of the soldier and furnish the ward officer with a copy of the findings of the board. The Ward Officer will make the necessary entries on the clinical record. Upon completion of treatment the ward officer will immediately notify the Commanding Officer, Detachment of Patients, of the fact and date of completion of treatment. Upon receipt of that report by the Commanding Officer, Detachment of Patients, he will cause the necessary entries to be made on the records of the soldier.

8. LINE OF DUTY BOARDS, RESERVE OFFICERS

Under the provisions of AR 35-1440, line of duty must be established in all cases of Reserve Officers admitted on extended active duty, those remaining subsequent to termination of active duty, and those admitted on an inactive status.

D E N T A L S E R V I C E

1. APPLIANCES, NOTATIONS CONCERNING

The Dental Service will be responsible that notations concerning appliances will be made in service records. This will be done by sending a dental NCO to the office of the Commander of the Detachment of Patients where he will note that proper entry is made on the record.

2. CASES, SPECIAL

Surgical cases will be kept in an ENT ward. In all cases involving maxilla, jaws and upper neck, the ENT service will be consulted and assist in management. The ENT Ward Officer will be responsible for the checking and maintenance of all records (except dental) on these patients.

3. CHIEF OF SERVICE

The Chief of Service is responsible for:

- a. Issuance of such orders and instructions for the operation of the service as he may deem necessary.
- b. Assignment of officers on that service to specific duties.
- c. Administration, sanitation, police of operating rooms, clinics, and other activities pertaining to the service.
- d. Maintenance of the Register of Dental Patients and preparation and forwarding of dental reports, returns and records as prescribed in AR 40-1010.
- e. Property and equipment issued to the Dental Service.
- f. Technical training of enlisted and civilian personnel assigned to the Dental Service.

4. EXAMINATION AND TREATMENT, DENTAL

a. Patients

(1) Except in cases of emergency, patients in the hospital who require dental examination and report, or dental treatment, will be sent to the dental clinic accompanied by Form MD 55 E-4 prepared in duplicate. This form will show the patient's name, status, etc., whether referred for treatment or examination or both, the patient's diagnosis, his probable duration of hospitalization, together with any remarks pertinent to the case with special reference to the presence of syphilis in the infectious stage, whether the case is of emergency nature and requires immediate attention, and whether bedside examination is required. This

form will not be entrusted to the patient but delivered to the Dental Clinic at the time the patient reports. Upon completion of the examination of the patient, the examining officer will note the findings or work done on both the original and duplicate Form MD 55 E-4, return the original to the ward officer and file the duplicate with the records of the Dental Service. The routine dental examination of patients in the hospital is not contemplated and will not be requested unless there be occasion for such examination. Leaves, furloughs, or passes which interfere with necessary dental treatment will not be granted without consultation with the Chief of Dental Service.

(2) The Chief of Dental Service will notify the Ward Officer when patients are given dental appointments. Ward Officers will be responsible that patients having such appointments report promptly at the designated hour or that the clinic be notified in advance when such appointments cannot be kept.

(3) Patients hospitalized for dental pathology will be referred to the dental service as soon as possible after admission. Dental treatment often is a long procedure and early reference to that service will avoid delay in discharge of "Dental Only" patients.

(4) Cases of fractured jaws, or suspected fractures should be promptly referred to the Dental Service. In the event the patient is admitted after duty hours, the Dental Officer of the Day will be notified.

(5) The Ward Officer of the ward to which the patient for dental treatment only is assigned is responsible for the discipline, care, etc. of the patient and for the preparation and maintenance of the patient's clinical record.

(6) Upon completion of treatment the Chief of the Dental Service will furnish the Ward Officer with a copy of the patient's dental record Form MD 55 E-5, on which will be entered a summary of dental treatment given. This record will be attached to and become a part of the patients' clinical record.

(7) Twenty-four hours before discharge of a patient who has been seen by the dental service, the ward officer will notify the service in order to complete the record.

b. Hospital Personnel

Dental Surveys will be made semi-annually as required by Army Regulation or more often if deemed necessary. Definitive treatment will then be given in accordance with the need therefore. However, if time permits, it is strongly recommended that an examination with an explorer and mouth mirror be made and the results recorded. Too often by the survey method gross dental defects are overlooked which may result in toothache, abscess formation and loss of the tooth. Often a

re-examination is in order to see that no defects have been overlooked. By this procedure it will be found that toothaches will become rather rare.

c. Out-Patients

All hospital personnel needing dental treatment will have their name entered on the sick book in the usual manner, report to the Infirmary Officer and thence to the Dental Service as needed.

5. FORMS, MEDICAL DEPARTMENT, FOR USE IN DENTAL SECTION

55 E-1	Clinical Record, Consultation Request
55 E-4	Clinical Record, Dental Examination
55 E-5	Clinical Record, Dental Record
55 P	Clinical Record, Fracture Record
57	Monthly Report of Dental Service
65	Dental Engagement Slip
79	Register of Dental Patients (Individual Card)
123	Label, penalty, for mailing dental appliances
125	Caution slip (for mailing dental appliances)
400 QMC	Semi-annual requisitions
401 QMC, OS & D	(Over, Short, and Damaged)
15 WD AGO	Report of Survey
36 WD AGO	Statement of Charges

6. OFFICER, DENTAL, EMERGENCY

The Chief of the Dental Service will maintain a roster of officers for emergency calls. The tour of duty will be of 24 hour duration and the officer will keep the Professional Officer of the Day and the Receiving and Evacuation Officer informed of his whereabouts at all times.

7. OFFICER, DENTAL, SENIOR

The Senior Dental Officer assigned to the Hospital is designated as the Dental Surgeon. He is the Chief of the Dental Service and is responsible to the Commanding Officer of the hospital for the conduct of the Dental Section in compliance with Army Regulations, War Department Directives, and Circular Letters from the Surgeon General's Office.

8. RECORDS, REPORTS, AND RETURNS

The preparation of and preservation of records for the protection of the individual and the government are of particular importance. Each officer will be held strictly responsible for accuracy of information he submits as a basis for records and reports. Officers will adhere to the use of standard terminology and only use official abbreviations when indicated in the preparation of records. All officers should become thoroughly familiar with those Army and Hospital Regulations pertaining to their section.

9. TRAINING, PARALLEL

a. Dental Officers

Dental officers who will participate in a maxillo-facial team will be given every opportunity to become familiar with hospital surgical technique. They should be present, when practicable, at all cases involving treatment or operative procedures of the jaws. They will participate in their management.

b. Prosthodontist

The Prosthodontist will be given an opportunity to work in the Camp or Station Hospital Dental Clinic. His time will be divided between the dental laboratory and the dental chair. His purpose should be to familiarize himself with commercial laboratory procedures, to become intimately acquainted with, and learn the shortcomings and capabilities of the enlisted laboratory men. He should be on the alert to improve the dental laboratory service and be able to use that knowledge when the hospital goes into operation.

c. Enlisted Technician

The enlisted technicians should be given as much time as is consistent with all-around training to work in the dental clinic as chair assistant, laboratory technicians and clerical NCO's. Operators should take every opportunity in training an assistant. Laboratory technicians learn mostly by experience. In the laboratory at least two, preferably three, technicians will be trained for every job. All laboratory men will be given an opportunity to work together in one clinic and develop into a laboratory team.

DEATHS

1. ADMINISTRATIVE AND CLERICAL JURISDICTION

The registrar exercises administrative and clerical jurisdiction over all details in connection with deaths which occur in the hospital. This duty includes the preparation and rendition of the necessary certificates, routine reports, and records incident thereto. In the performance of the aforementioned duties, the registrar is governed by the provisions of existing Army Regulations and other pertinent official orders and instructions as may be issued.

2. CHAPLAIN, NOTIFICATION OF

In case of approaching death of a patient, the nurse in charge notifies the noncommissioned officer in charge of the information office who notifies the indicated chaplain.

3. CHIEF OF LABORATORY SERVICE, RESPONSIBILITY OF

The Chief of the laboratory service is responsible for the protection and proper care of bodies of deceased persons from the time a body is received in the morgue until it is disposed of in accordance with existing instructions. In all cases where remains are prepared at Government expense he assures himself that the remains are prepared in accordance with sanitary regulations and is responsible for the preparation of the remains for burial or shipment, including verification of the employment by the undertaker of effective and scientific embalming processes. He makes a final inspection immediately before disposition of a body and verifies the identity of the deceased and the disposition thereof. He submits a signed report in each individual case to the effect that he has inspected the remains clothed and unclothed, that the remains have been properly prepared and clothed, and that he has verified the identity of the deceased at time of disposition. This report is transmitted to the registrar and filed with the medical record of the case. The removal of remains from the hospital will not be authorized by other than the registrar unless under exceptional circumstances or when relatives of the deceased, after having been informed of this regulation, demand the removal. Under no circumstances, however, will a certificate of death be signed by other than the registrar, the chief, or the assistant chief of the medical or surgical service.

4. DEATH REPORT

Immediately upon death of a patient the medical officer in attendance is responsible for the death report. If the death occurs during hours in which the registrar's office is closed, the administrative officer of the day is notified. Particular care is exercised that the name and address of the nearest relative, as shown on WD MD Form No. 55A, is given as the person to be notified.

5. EFFECTS OF DECEASED

Upon the death of a patient, the ward officer, or in his absence the officer of the day of the service responsible for the care of the patient, makes an immediate search of the deceased's person, bed, bedside table, and of the ward for clothing, money, valuables, or other effects belonging to the patient. Clothing and effects other than money and valuables that are found are listed on Patients' Property Card in duplicate, which is signed by the officer making the search, after which the forms together with such clothing and effects found are delivered to the patients' baggage room. The registrar is charged with the proper disposal of the clothing, money, valuables and effects of deceased patients, and in his capacity as summary court officer carries out the provisions of the Manual for Courts-Martial as may be indicated in the case of persons subject to military law, and in all other cases as may be appropriate and in accordance with the existing law. Money and valuables of deceased patients are released by the custodian of patients' funds and valuables, and clothing, effects, and baggage of deceased patients are released from the patients' baggage room only on the written order of the registrar.

6. PROCEDURE

If death of a patient occurs, the body is not removed from the ward until death has been pronounced by a medical officer. Before removal of remains from the ward, three death tags properly prepared and signed by the medical officer in attendance at time of death are securely tied, one to the right toe and one to the right wrist of the cadaver. Before the body is removed from the ward, it is thoroughly washed, eyes and mouth properly closed, all openings properly plugged to prevent discharge, and wrapped in clean sheets so as to prevent exposure of any part of the body. The third death tag is securely attached to the outside of the sheets. Upon completion of the above, the remains are removed without delay from the ward to the morgue with as little disturbance as possible. Transportation of the body to the morgue is as directed by the medical officer in attendance.

7. REGISTRAR, ACTION BY

Upon receipt of a death report, the registrar takes such immediate action toward notifying or interviewing relatives or friends of the deceased, notifying the undertaker, arranging for post mortem examination, arranging for burial or disposition of remains, advising the chief of the laboratory service of the death, and such other appropriate action as may be indicated for each individual case. As soon as the registrar has obtained the data immediately necessary, they are transmitted to the appropriate chief of service who verifies the cause of death and the contributory cause, returning all data to the registrar who prepares the death certificate and accomplishes all other details incident to completion of the case, after which a report is filed with the medical records of the case.

THE DETACHMENT

1. ADMINISTRATIVE SECTION

The Administrative section consists of all enlisted personnel on duty in the several offices and departments of the hospital whose duties are strictly non-professional. This section functions directly under charge of the first sergeant, Medical Detachment, who will receive instructions from the Commanding Officer, Medical Detachment.

2. APPEARANCE AND CONDUCT, GENERAL

All personnel will at all times conduct themselves so as to be a credit to the Army and their organization. They will maintain the position of a soldier by walking or standing in an erect manner with hands out of pockets. They will be polite and courteous in conversation and dealings with others. The uniform will be correctly worn presenting a soldierly appearance. Calls and duty must be responded to promptly and cheerfully. Patients will be treated with kindness and consideration. The Commanding Officer of the Detachment will maintain in accordance with regulations a record of all delinquencies of members of his command in addition to the record of Courts-Martial. This record will be referred to when filling vacancies in higher grades. Non-commissioned officers will treat those under them with respect and consideration but at the same time require full and complete performance of duty and good conduct. The detachment commander will be available to any member of his detachment who wishes to see him and will give a hearing to such member.

3. BARRACKS, POLICE OF

a. All concerned will make every effort to keep the barracks in a state of good police. Each soldier is responsible for the police of the area about his bed and for the arrangement and condition of his clothing, locker and barracks bags.

b. Room orderlies will be responsible for the police of the barracks and the area surrounding same. It will be their duty to guard all property in the barracks and to report any irregularity to the NCO in Charge of Barracks. They will not leave the area unless properly relieved. They will prepare the barracks for the inspection at 1000. They are responsible for the condition of beds and lockers of men on pass or sick in the hospital.

4. BULLETIN BOARD

The Commanding Officer of the Detachment will provide a bulletin board upon which all matters of general interest affecting his command will be posted. It will be the duty of every soldier to check daily on all posted orders and assignments. Failure to read the bulletin board will not be considered as an alleviating circumstance for any non-performance of duty.

5. CHARGE OF QUARTERS

a. Detail

A noncommissioned officer will be detailed as Noncommissioned Officer in Charge of Quarters by the Commanding Officer of that Detachment.

b. Tour of Duty

The tour of duty for the Noncommissioned Officer in Charge of Quarters will cover the period from 1900 to 0700.

c. Duties

(1) Report to Administrative Officer of the Day at 1900 daily for instruction.

(2) Preserve order and discipline in all barracks and the adjacent area.

(3) Post watchmen designated by the Detachment Commander to cover the area around the barracks, warehouses and other buildings unoccupied. He will inspect the watchmen at intervals during the night.

(4) Make such inspections of sanitation and police as prescribed.

(5) Notify the enlisted members of the operating room staff and those on emergency detail when their services are required.

(6) Awaken all those in the barracks at first call. In case of fire in the barracks he will report to the Administrative Officer of the Day.

(7) Accompany the Administrative Officer of the Day on his inspection of barracks.

(8) During this tour of duty, he will not leave the barracks and warehouse area.

(9) The Detachment Office will be his headquarters during his tour of duty.

d. Report

On completion of his tour of duty, the NCO in Charge of Quarters will render a report of the tour on a prescribed form.

6. CLOTHING

a. Allowance

Every soldier of the Detachment will be required to have in his possession at all times the prescribed allowance of clothing. Loss by theft of clothing will be reported immediately to the Detachment Commanding Officer.

b. Requisition of:

Clothing and equipment will be requisitioned and issued to the individual soldier by the Commanding Officer of the Detachment in accordance with regulations.

c. Exchange

There will be no exchange, lending or borrowing of issue clothing or equipment between enlisted men. Each soldier will be ready at all times to exhibit all items charged to him.

d. Marking

Each item of clothing will be marked with the initial of the last name and the last four numbers of the soldier's serial number. He will be held responsible that this is done.

7. COMMUNICATION, CHANNELS OF

All official communications of any nature whatsoever relating to an enlisted man will pass through the Commanding Officer of the Detachment.

8. DUTY, REPORTING FOR AND ON DEPARTURE

On reporting for duty in a new department or leaving same for a change of duty, members of the Detachment will report in person to the head of the department or his representative. No person will leave his place of duty in particular department without first notifying or obtaining permission of the person in immediate charge.

9. FIRE REGULATIONS

It is the duty of each member of the Detachment to familiarize himself with all fire regulations, particularly that portion which governs his own conduct and duties in case of fire. He should know the location of the various fire alarm boxes and fire fighting equipment, especially those near his place of duty. Failure to attend fire drill unless properly excused will subject the delinquent to disciplinary action. See "Unit Security" section.

10. FUNCTIONS, GENERAL NOTES ON DETACHMENT

a. Noncommissioned officers

(1) Noncommissioned officers will be supported by company commanders in the performance of their duties. They will not be detailed for any duty nor permitted to engage in any occupation inconsistent with their work and position. Officers will be cautious in reproving noncommissioned officers in the presence of privates.

(2) Appointment of noncommissioned officers and privates first class will conform strictly to War Department authorization. The commanding officer will determine and sub-allot a definite proportion to his subordinate commanders authorized to make appointments. The effective date of an appointment is the date of the instrument of appointment, unless such instrument is confirmatory of oral orders previously issued. Where an appointment is made by oral orders of an officer having authority to make appointments, such orders, when later confirmed in writing, have the force of written orders.

(3) Noncommissioned officers appointed for and during an emergency under special authorization of the War Department, based upon such increased strength of the Army as may be authorized by law, will be temporary appointments.

(4) In order to provide an opportunity to observe the performance of candidates for higher grades, unit commanders are authorized to exceed their authorized allotments in any grade by the number of vacancies that exist in a higher grade pending the promotion of the best qualified candidate or candidates.

(5) Enlisted men believed to be physically disqualified for duty with field force units will not be promoted to higher grades prior to transfer to an overhead unit or agency.

(6) When a cadre has arrived at the station of its new unit prior to the activation of the organization, cadremen may be reduced or promoted within grades specified for the cadre, by orders issued by the post commander upon recommendation of the officer designated to command the new unit upon activation.

(7) When it has been determined by the commanding officer of a hospital that an enlisted man will be hospitalized for the period of 60 days or longer, the commanding officer of the hospital will without delay so advise the commanding officer of the enlisted man's organization in writing. Upon notification the organization commander may carry the hospitalized enlisted man as excess in grade and strength and fill the vacancy caused by this action.

(8) For the duration of the present war and six months thereafter the issuance of warrants to noncommissioned officers, including technicians is suspended.

b. Causes for Reduction

An appointment may be terminated by:

- (1) Court Martial
- (2) Secretary of War, Reduction of Allotment
- (3) Authority to appoint
- (4) Technicians, by termination of assignments.
- (5) Circumstances indicated avoidance oversea duty.
- (6) Students who fail to pass their courses
- (7) Misconduct or inefficiency.
- (8) Expiration of enlistment.
- (9) Specialists absent with authority or sick in hospital.
- (10) Specialists sent to or from foreign duty.
- (11) Specialists, upon transfer out of detachment, except when authority for transfer specifically provides otherwise.

c. Relation to Personnel Officer (AR 345-5)

The detachment commander cooperates with the unit personnel section which is under the supervision of the unit personnel officer, who normally will be an assistant adjutant. The purpose of the unit personnel section is to relieve the company commander of the burden of administrative details and to provide uniformity of personnel administration and accounting, and thus to permit detachment commanders to devote their full time to training, supply and discipline.

d. Correspondence (AR 340-15)

(1) Whenever possible, official business will be transacted by personal conference or by telephone. Written correspondence will be prescribed or required when direct or telephonic communication cannot be used to supplant it. In all military correspondence the necessary brevity consistent with clarity is enjoined.

(2) Prompt reply will be made to any communication requiring an answer. Whenever unusual delay is necessary, acknowledgment will be made immediately, giving the date on which the reply will be forwarded. The contents of official communications will not be revealed except to those officially entitled to receive them. For instructions relative to secret, confidential, and restricted communications, see AR 380-5.

e. Daily Sick Report (AR 345-415)

When

- (1) A commissioned officer,
- (2) Contract surgeon,
- (3) Warrant officer,
- (4) Flying cadet,
- (5) Army nurse,
- (6) Enlisted man,

is in need of medical attention, his name and grade, with army serial

number, will be placed, preliminary to his attendance at sick call, upon WD AGO Form No. 5, (Daily Sick Report) or the organization or detachment. In an emergency or when in need of immediate medical attention, the surgeon will be notified, and as soon as practicable thereafter the organization or detachment sick report will be sent to the hospital, dispensary, or other place for holding sick call.

f. Deceased (AR 600-550)

The following regulations will govern in cases of death of all military personnel, active, retired, or undergoing training, and all other persons subject to military law, AW 2:

- (1) Notification by surgeon
- (2) Radio or telegraphic notification to commanding general, service command, of deaths within continental limits of United States.
- (3) Deaths occurring outside continental limits of United States, including Alaska.
- (4) Death on high seas
- (5) Notification to nearest relative or other person designated to be notified in case of emergency.
- (6) Advice to supposed beneficiary; furnishing vouchers.
- (7) Notification to interested agencies and bureaus.

g. Absence without leave and desertion. (AR 615-300)

(1) The status of a person subject to military law who has failed to repair at the fixed time to the properly appointed place of duty, or has gone from the same without proper leave, or has absented himself from his command, guard, quarters, station, or camp without proper leave.

(2) Desertion is absence without leave accompanied by the intention not to return, or to avoid hazardous duty.

(3) The responsibility for disposition of cases of unauthorized absence will rest with the offender's commanding officer.

(4) All commanding officers concerned will take vigorous steps to apprehend an absentee as soon as the fact of his absence is reported. Their responsibility is not discharged by merely taking the initial steps set forth; they must follow them up with all possible effectiveness. The personnel officer will immediately:

(a) Notify absentee's nearest relative by the most rapid means available that the enlisted man is absent without leave, that a continued absence may result in conviction for desertion and of the penalties for desertion.

(b) Cause to be prepared and certified by the company commander, extract copy of morning report, WD AGO Form No. 44 showing

the change of status to AWOL. One copy will be attached to absentee's service record.

(c) Preparation of WD AGO Form No. 45, (Descriptive List of Absentee Wanted by the United States Army). One copy will be forwarded to the Adjutant General, one copy to Commanding General in service command in which the absentee occurs, and to the service command of residence of the next of kin. A copy will also be sent to absentee's local draft board, chief of police of town, sheriff of county of absentee's residence.

(5) As soon as practicable after an unauthorized absence occurs the company commander will make a searching inquiry concerning the probable causes or motives for such absence.

h. Discharge-Release from Active Duty (AR 615-360)

No man will be separated from active service because of disability if he can satisfy current minimum physical and mental standards for induction into the Army. Methods by which an enlisted man may be separated from the service:

(1) Disability by action of Disability Board who cause to be issued Certificate of Disability for discharge.

(2) Discharge or release from active service by reason of being a former key man in industry (necessary man for war production).

(3) Discharge for convenience of government.

(4) Discharge because of minority.

(5) Discharge because of dependency of members of family for support.

(6) Discharge because of fraudulent induction.

(7) Discharge for desertion.

(8) Discharge for inaptness or undesirable habits or traits of character.

(9) Discharge because of conviction by civil courts.

i. Duty Roster (AR 345-25)

(1) A duty roster is a list of officers or enlisted men by name, (WD AGO Form No. 6) that is kept for the purpose of recording the duty performed by each person, from which record the status of the different persons regarding availability for duty may be obtained.

(2) Classes of Duties:

(a) Outposts

(b) Interior guards

(c) Detachments to protect laborers on military works.

(d) All other duties pertaining to functioning of a general hospital.

j. War Department Form No. 370 (Final Statement - AR 345-475)

War Department Form No. 370 (Final Statement), in duplicate certified by the organization commander, will be furnished with the discharge certificate to each enlisted man upon discharge from active service.

k. Historical Records and Histories of Organization (AR 345-105).

(1) In the hospital there will be prepared and kept up to date a detailed history of the services of the organization concerned.

(2) Commanding officers may require preparation of reports during maneuvers or other exercises for training purposes, but such reports will not be forwarded to the adjutant general unless specially directed.

(3) After each battle where the hospital functioned in care of troops, written reports thereof will be made by commander of the hospital. Such reports will be annexed thereto the hospital unit published papers and staff journals, together with their supporting documents, which reports will be forwarded through proper channels, as early as practicable to the Adjutant General.

l. Morning Reports (AR 345-400)

(1) The morning report is the daily history of the medical detachment. It is a permanent statistical and historical record. Its eventual custody rests with the Adjutant General. Great care will be exercised in the preparation and verification of all data and remarks entered in the morning report.

(2) Every officer, warrant officer, surgeon, army nurse, public health officer, hospital dietitian, physical therapy aide, and enlisted man on active duty with the unit will be accounted for daily on a morning report.

(3) The morning report form will be completed as soon as possible after the end of the morning report day. The detachment morning report will be authenticated by the commanding officer, adjutant, or an officer designated by the commanding officer.

(4) First copy (white) original is forwarded attached to the third or green copy to personnel section maintaining the organization's personnel records.

m. Payment of Enlisted Men (AR 35-2340; 35-2440; 35-2460; 345-155)

(1) Troops will be paid every month, unless circumstances prevent, in which case the disbursing officer charged with the payment will promptly report the fact of nonpayment and the reason therefor to the Chief of Finance.

(2) Payrolls are prepared by the direction of the personnel officer in personnel section where service records are kept.

(3) Enlisted men of the medical detachment are paid by an officer designated as Class A Pay Agent for the numbered general hospital. They are paid in accordance with the above quoted Army Regulations governing pay by grade and length of service, with many allowable deductions or pay stoppages.

n. Physical Inspections (AR 615-250)

The commanding officer will require a medical officer, accompanied by an officer of the company or detachment to which men belong, to make once each month a general physical inspection of all enlisted men belonging to or attached to the command.

o. Care of Property (AR 35-6640; 35-6720; 345-300).

The commanding officer of the medical detachment will be required to make frequent showdown inspections of personal property. Unserviceable clothing and equipment will be turned into supply for salvage and replacement. Statement of charges will be prepared against enlisted men who have lost or wilfully destroyed property.

p. Unit and Similar Funds (AR 210-50)

Commanders of numbered general hospital and medical detachments will receive, keep, disburse, and account for all moneys occurring thereto from authorized sources:

- (1) Voluntary contributions
- (2) Operation of authorized activities
- (3) Sale of property of organizations
- (4) Funds actually received from the disbursing officer as rations savings.
- (5) Reimbursement on account of ration expenditures.
- (6) Interest on authorized securities and bank deposits.
- (7) Receipts from boarders and meals.

Those funds will receive the special administrative supervision of the post, camp, station or other appropriate commander.

A council composed of three officers audits the detachment fund monthly. Army Regulations are checked for authorized expenditures to be made by the custodian of the detachment fund.

	Par.
Length of confinement.....	600-355
Action required motor vehicle accident...	850-15 18
Reading Articles of War; Record service record.....	345-125 16
Allotments; encouragement.....	35-5520 27

American Nat'l Red Cross; Use.....	850-75	6
Barber shop; approval.....	40-205	9
Care of feet.....	40-205	8
Chaplain relation.....	60-5	2, 4, 5, 9
Care of clothing and equipment.....	615-40	13
Delivery of Personnel to Civil Authorities	600-355	5
Fire Prevention.....	30-415	9
Venereal disease; control; sex lecture....	40-210	21, 24
Award of decoration.....	600-55	4
Shoe fitting.....	850-125	2
Regulations, familiarity with OCS.....	625-5	2
Handling of property of AWOL EM.....	615-290	10

11. GAMBLING

Gambling of any description within hospital limits is prohibited. Noncommissioned officers will not participate in games with privates. Men on duty in wards are strictly forbidden to participate in games of any description with patients.

12. HYGIENE, PERSONAL

a. All enlisted men on duty at this hospital will bathe at least twice a week. Hair will be cut twice monthly. The face will be shaved as often as necessary to insure proper appearance. Toe and fingernails will be trimmed closely.

b. Clothing and bedding will be kept clean, and soiled clothing and bedding kept in barracks bag.

c. The hands will be washed before each meal and immediately after visiting the latrine. A common drinking cup will not be used.

13. INSPECTION, MONTHLY PHYSICAL

The Commanding Officer, Detachment Medical Department, will arrange with Chief of Out Patient Service to make a general physical inspection of all enlisted men of his command as required by AR 615-250 except NCO's of the first three grades. The Commanding Officer or his commissioned representative will be present. Report will be submitted to Commanding Officer of the hospital on completion of the inspection.

14. JURISDICTION

All members of the Medical Detachment on duty at the hospital function under the immediate supervision of the Commanding Officer, Detachment Medical Department, who will be responsible for their training, conduct, assignment to duty and administration.

15. LAUNDRY SERVICE

Laundry service will be in accordance with existing requirements.

16. LIGHTS

Lights will be extinguished in barracks at 2200 and in the Recreation Room at 2300 except Saturday night when Recreation Room may remain open till midnight.

17. LIQUOR, INTOXICATING

The introduction, sale, transportation, furnishing or possession of any intoxicating liquor or habit-forming drugs by any member of the Detachment in this hospital is prohibited.

18. LOITERING OR CONGREGATING

Loitering or congregating in hallways, storerooms or any parts of the hospital will not be permitted.

19. NOISE

Enlisted men will constantly bear in mind that they are on duty in a hospital and that any unnecessary noise is disturbing to patients. Loud talking, shouting or whistling will not be permitted. Men entering barracks after lights are out will do so quietly so that those sleeping will not be disturbed.

20. ORGANIZATION

The Detachment Medical Department is organized into two sections:

a. Administrative

b. Professional - administered by the Detachment Officer or "Administrative Section."

21. PASSES AND FURLOUGHS

a. The issue of special privilege cards and passes will be governed by Camp Regulations.

b. Enlisted men desiring furloughs will make application to the Commanding Officer of the Detachment after the approval of the Chief of the Department to which he is assigned.

22. PATIENTS, FINANCIAL DEALINGS WITH

No enlisted man on duty at the hospital will have any financial dealings whatsoever with patients. This includes the lending or borrowing of money, the transaction of any business for patients involving funds, or purchases of any nature including the hospital or other exchanges. It includes the purchase and cashing of Postal Money Orders or checks, the handling or transmitting of money or valuables of patients, etc.

23. PROFESSIONAL SECTION

The Professional Section consists of all enlisted personnel, Medical Department, on duty in the Professional Division of the hospital including Ward Attendants, Laboratory, X-Ray, Dental Technicians, etc. This section functions directly under the charge of a competent noncommissioned officer designated as noncommissioned officer in charge of wards and clinics. The Commanding Officer of the Detachment will assign enough assistants to perform supervision over the section during the twenty-four hour period. The hours of duty for the day and night tours will be regulated by the Detachment Commander under whom the service functions.

24. PROPERTY, GOVERNMENT

The members of the Detachment are responsible for the care and safeguarding of Government property where they are on duty as well as the property issued to them individually and recorded and receipted for on Individual Equipment Record. Losses and damages to property should be reported at once. Individual equipment and clothing will be kept neatly packed and located at all times. All men going on detached service, furlough or admitted to the hospital, if able, will before leaving turn in all equipment, clothing and effects to Detachment Supply Officer. Unserviceable equipment and clothing will be turned in to Detachment Supply Officer.

25. PROPHYLAXIS, VENEREAL

All members of the Detachment who have had illicit sexual intercourse will report at once to nearest prophylaxis station and receive such prophylaxis treatment as prescribed by the War Department.

26. REGULATIONS, ENFORCEMENT OF

All noncommissioned officers of this command will consider themselves personally responsible for the proper enforcement of all hospital regulations and will act accordingly.

27. REGULATIONS, POSTING OF

A copy of this regulation and all changes thereto will be permanently posted on the Detachment bulletin board and in each barracks.

28. RESTRICTION AND ARREST

Enlisted men who are given restriction, either due to court-martial or 104th Article of War will not leave the limits of the hospital area. When not actually on duty they will be required to remain in the barracks. Restricted men will report to the NCO in Charge of Quarters every hour from the time relieved until 2100. The NCO in Charge of Quarters will make a bed check of restricted men at

least once before midnight and once after midnight, and violations of restriction will be reported in writing by the NCO in Charge of Quarters.

29. ROSTER, EMERGENCY

The Detachment Commander will prepare daily a roster of Pfc's and Pvt's who will be available for emergency duty during the entire twenty-four hours beginning at 0700 daily. A copy of this roster will be sent to the NCO in charge of wards and clinics, NCO in charge of quarters, and to the receiving office. A copy will also be posted on the Detachment bulletin board twenty-four hours in advance of the detail. The men so detailed will not leave the hospital area during their tour of duty and the NCO in charge of quarters will know of their whereabouts at all times.

30. SICK CALL

Members of the Detachment who desire medical attention will report to the first sergeant fifteen minutes before Sick Call in order that their names can be placed on Sick Report. Those whose condition is so acute as to require immediate medical attention are authorized to report to the first sergeant or the NCO in charge of quarters at any hour. Their names will be placed on the Sick Report and immediately reported to the proper medical officer.

31. SLEEPING OUT OF QUARTERS

Enlisted men are prohibited from sleeping out of quarters unless authorized to do so by Detachment Commander.

32. SMOKING

Smoking is prohibited while personnel are serving or preparing food, while actually on duty in wards, clinics, operating rooms or such departments as may be so restricted by the officer in charge.

33. SURGEON'S OFFICE, NONCOMMISSIONED OFFICER

a. Detail

A noncommissioned officer will be detailed by the Detachment Commander to remain in the Surgeon's office after duty hours. His tour of duty will begin at the end of office hours until the beginning of office hours the next day. He will not leave the Surgeon's office during this tour except for night meal and then in his absence the Mail Orderly will remain in the office.

b. Duties

The NCO will receive all messages during his tour of duty, and any matter requiring action, no matter how trivial, will be brought to

the attention of the Professional Officer of the Day. He will perform additional duties as the Officer of the Day directs.

34. TRAINING

The Commanding Officer of the Detachment is responsible to the Training Officer for the training of his command. He will institute such training of technical and general nature as the Commanding Officer may prescribe from time to time.

35. UNIFORM

a. Members of the Detachment will wear the uniform prescribed by hospital orders.

b. Uniform will be kept clean, shoes dubbed (par 13b (4) (c) 3 AR 615-40 and WD Cir 182, 1944), headgear properly worn and coats when worn will be kept buttoned.

c. The fatigue uniform will be worn while performing duty on which clothing worn may become soiled or unsightly.

36. WARDMASTERS AND WARD ATTENDANTS

A suitable number of the Medical Detachment will be designated as Wardmasters for each ward and will act under the Ward Officer and Nurse in Charge. On wards where a nurse is not assigned, the duties of the Wardmaster will be those prescribed for a head nurse. In addition to the Ward master such additional members of the Medical Detachment as are required will be detailed to duty in wards as Ward Attendants.

D I S P E N S A R Y

1. FUNCTION

The dispensary functions as a station dispensary for the command.

2. MEDICAL ATTENDANCE

a. During hours other than those prescribed for the dispensary and in his absence, the duties of the officer in charge pertaining to medical attendance for persons applying at the dispensary are assumed by the medical officer of the day.

b. The officer in charge of the dispensary arranges that medical attendance is available for authorized persons calling during the prescribed hours.

c. The officer in charge of the dispensary is authorized to refer out-patients to the various professional services and sections of the hospital for examination and treatment.

d. No professional service or section of the hospital treats out-patients other than those properly referred thereto by the officer in charge of the dispensary.

e. Medical attendance is confined to members of the command authorized thereto by regulations, except that any emergency case brought to the dispensary is properly attended and disposition made as indicated. Only in emergency are persons not entitled to admission to Army hospitals admitted to hospital.

f. The officer in charge is responsible that the emergency dressing room is properly equipped and in readiness at all times for the reception and care of emergency cases.

3. OFFICER IN CHARGE

The senior medical officer assigned to duty in the dispensary is in charge thereof and is known as the officer in charge of the dispensary. He maintains general supervision over all activities of the dispensary and is directly responsible for its efficiency. He assigns to their specific duties the personnel allotted to his sections and holds them responsible for their proper performance.

4. OFFICER IN CHARGE, SPECIAL DUTIES OF

In addition to his duties incident to the operation of the dispensary, the officer in charge:

a. Provides medical attendance for officers, nurses, enlisted men and other quartered at station.

b. Holds sick call daily at a designated hour for enlisted personnel on duty at station.

c. Makes physical examinations of persons referred to him by proper authority.

d. Makes physical inspection (AR 615-250) of enlisted personnel on duty at station, reporting the result to the commanding officer giving the date on which held, the number of men inspected, the names of absentees, if any, the number of venereal cases found, the disposition of such cases, together with any other information of which the commanding officer should be cognizant.

e. Furnishes medical attendance to all patients marked "quarters" from hospital. He records in their clinical records the treatment prescribed, the progress of the case, and such other data as should be of record. He maintains a list of such patients, together with their home addresses, and requires them to report daily to the dispensary, except in the case of officers from the command on a quarters status, whose condition is such as to make a visit to the dispensary inadvisable.

f. Administers to such persons as may be entitled thereto such prophylactic, vaccination, and immunization for the prevention of communicable diseases as may be authorized.

5. RECORDS

a. The officer in charge of the dispensary maintains an outpatient index as prescribed in AR 40-1025 and FM 8-45, and is responsible for the proper indexing of the names and recording of all pertinent data concerning all persons treated.

b. Patients referred by him to other professional services or sections are accompanied by a request for consultation or treatment on the consultation request form. The officer examining the patient or giving the treatment notes on the form his opinion of the case and treatment given, returning the form to the officer in charge of the dispensary who properly records the matter thereon.

c. On the last day of each month the officer in charge of the dispensary submits a report to the commanding officer containing the following information:

- (1) Number of patients treated (by classes)
- (2) Number of treatments (by classes)
- (3) Number of physical examinations conducted (by classes)
- (4) Number of persons carried in quarters (by classes)
- (5) Summary of work, to include number of office visits, quarters visits, etc.
- (6) Number and type of emergency cases.

d. A book is provided and kept in the emergency dressing room in which the officer treating an emergency case records all appropriate data relating to each case treated. As this book in many cases is referred to later for data required in the settlement of claims relating to the patients, every effort should be made to obtain a complete report of the patient's name, names of witnesses, circumstances, extent of injury, treatment given, and the name of the officer or officers giving the treatment.

EXECUTIVE OFFICER

The Executive Officer is the coordinator and expeditor of all activities of the hospital. Mutual confidence, loyalty and understanding is an absolute essential between the Commanding Officer and the Executive Officer. Except for major policies and decisions, the Executive Officer should be authorized to speak for the Commanding Officer. Depending on the efficiency of the organization and desires of the Commanding Officer, the Executive Officer may be assigned a number of duties and responsibilities in addition to other specific assignments.

It is obvious that a good working knowledge of specific staff, individual and departmental duties, their limitations and inter-relationships must be a part of the Executive Officer's background and training. It must remain a subject of continuous investigation and study. This study will, of necessity, be a matter for frequent conferences with the Commanding Officer so as to determine his particular desires and wishes.

1. PRINCIPAL DUTIES that may be delegated to Hospital Executive Officer:

a. Officer of the Day

(1) Report

(a) Receive daily Reports of Administrative and Professional Officers of the Day. Issues additional directions to (new) Officer of the Day as circumstances require.

(b) Initiate action on deficiencies reported by (old) Officer of the Day.

(c) Original copies of reports with notes as to action taken on discrepancies immediately made available to the Commanding Officer.

(d) Extract reports of discrepancies to Hospital Inspector or Department concerned.

(2) Detail

(a) Review Officer of the Day Roster as prepared by the Adjutant.

(b) The roster will provide for a professional Officer of the Day and an administrative Officer of the Day with alternate for each. A dental officer will be on call at all times.

b. Coordinate Hospital Policies and Procedures

- (1) Verbal or written directives based on local authority.
- (2) Memoranda, Daily Information Bulletin, Direct Correspondence or Official Bulletin Board extracts or copies of various publications issued by higher authority.
- (3) Conferences. Informal discussion of policy and procedures with definite conclusions clearly outlined to all parties concerned.
- (4) Investigation of irregularities for direct action by the Hospital Inspector or the Commanding Officer.
- (5) Observe by frequent personal inspection and interrogation the efficiency of existing policies and procedures.
- (6) Report to the Commanding Officer all major operating and policy defects together with recommended corrective measures.
- (7) Coordinate and publish schedules with dates of professional meetings, clinic conferences, and board meetings.
- (8) Authorize transfer of ward, building or other facilities between various departments and services subject to the approval of the Commanding Officer.
- (9) Expedite cordial relations with other Federal Agencies such as U. S. Employment Agency and Veteran's Administration.
- (10) Subject to the approval of the Commanding Officer, the Executive Officer will prepare all additions, deletions and corrections to Hospital Regulations, Guide of Professional Procedure and other publications produced locally.

c. Inspection and Investigation

- (1) Routine, scheduled area, personnel and/or property inspection with formal report to Commanding Officer of noteworthy discrepancies.
- (2) Discrepancies found during unscheduled inspections made during "regular duty" hours or "after duty" hours should be brought directly to the attention of the responsible officer.
- (3) Complaints brought to the attention of the Office of the Commanding Officer from all military personnel or civilians will be investigated and adjusted directly, unless of unusual or serious character in which case the Commanding Officer or Hospital Inspector will be informed.

(4) Cooperate with the Fire Marshal, Intelligence Officer, Censor, etc. by inspection and investigation and all other available means for the promotion of unit security.

(5) Assist Investigating and Inspecting Officer from higher Headquarters in the accomplishment of their duties. Whenever practicable the findings and report of such visiting officers will be studied as to completeness, accuracy and conclusions. If possible all discrepancies and recommendations will be carefully discussed. The Commanding Officer will be introduced personally or informed of all such visiting officers. Attention will be given to proper housing, messing, transportation and inspection routine for visiting inspectors.

d. Appointments, Details, Leaves, Requests

(1) Medical Corps Officers will be detailed to the Officer of the Day roster by the Executive Officer.

(2) Routine or special boards of officers will be detailed after approval by the Commanding Officer.

(3) Officer's Request for Leave of Absence will be acted upon subject to the approval of the Commanding Officer.

(4) Special request for hospitalization of unusual cases not authorized by AR; review and forward material for publications, pars 2-c, AR 40-1005; passes; visits to other stations; establish priority for attendance at professional meetings.

(5) Clarify questions as to uniform, ceremonies, social events as pertain to commissioned personnel.

(6) Act upon transportation requests of unusual length or purpose.

(7) Act upon all requests for Sick Leave by officers.

e. Civilian Contacts: Information, Visitors, Requests, Complaints.

(1) Provide information to individual or civilian agencies not covered or provided by Public Relation's policy or other agency or policy.

(2) Act upon requests for special passes or privileges, sales or contact agents.

(3) Act upon requests for guest or professional speakers and entertainers.

(4) Cooperate with all civilian law enforcement agencies. Aid in the establishment of good liaison relations between the Provost Marshal and local law enforcement officers.

f. Correspondence

(1) Answer all correspondence for the Commanding Officer of offers of small gifts and services; complaints; specific requests for information; requests for specific data; statistics and other restricted or professional information.

(2) Letters written in answer to requests for information from U. S. Senators, Congressmen, Governors and similar officials will be prepared for the Commanding Officer's signature.

(3) Confidential, secret and code messages will be opened and read by the Adjutant in the presence of the Commanding Officer or the Executive Officer.

g. Miscellaneous

(1) Maintain brief up-to-date data on personnel strength by departments and services; officers roster with grade, age, status; buildings and facilities, capacity, use, expansion, P.E. number; fire posts, zones and regulations.

(2) Submit items for Daily Diary to Commanding Officer for additions or corrections (paragraph 3, AR 40-1005)

(3) Prepare for review and approval by the Commanding Officer, the Annual Report as requested by paragraph 4, AR 40-1005.

(4) Arrange with the Commanding Officer for periodic trial fire alarms and night inspections.

(5) Maintain an abbreviated Training Progress Chart.

2. ADDITIONAL DETAILS AND DUTIES which may be delegated to the Executive Officer:

- a. Summary Court Officer
- b. Public Relations Officer
- c. Plans and Training Officer
- d. Member of Hospital Council
- e. Member of Post Exchange Council
- f. Member of Disposition Board
- g. Member of CCD Board

3. ACTIVATION DUTIES

a. Interview duty personnel and supply Adjutant with duty assignment list of all staff positions.

b. Determine mess and quarters requirements for officers and advise Director of Dietetics and Billeting Officer of action to be taken.

Inspect enlisted men's quarters and mess facilities. After initial survey is made details will be handled by assistant Adjutant.

c. Establish card index and wall chart for officer and key enlisted personnel to show present strength, assignment and T/O allowances.

d. Confer with the Medical Supply and Quartermaster Supply Officers as to status of supplies on hand and action to be taken on existing shortages.

e. Inspect hospital areas as to location and utilization of hospital areas and facilities.

f. Supervise initial reports.

g. Initiate action for the publication of a Daily Information Bulletin; Standing Operating Procedure; Hospital Regulations; Uniform regulations; methods of professional procedure; Fire and Disaster Regulations and other security or operating regulations.

h. Supervise and expedite training program and schedules for immediate and anticipated periods. Direct action to be taken for parallel training of specialists such as Projectionists, Electricians, Signal, Personnel.

i. Institute the preparation of a complete progressive P.O.M. check list for all personnel.

j. Initiate a conference for the Commanding Officer of all officers involved in organization movement orders.

k. Expedite the establishment of an officers' and noncommissioned officers' school.

l. Appoint a Liaison Officer to correlate organizational activities with existing post regulations.

FOOT MARCHES

1. ADMINISTRATIVE FOOT MARCHES

a. Troops

Point
50 yards
Runner
50 yards
Advance Guard
50 yards
Runner
50 yards
Group I (2 - 3 paces between men)
25 yards
Runner
25 yards
Group II
25 yards
Runner
25 yards
Group III
50 yards
Runner
50 yards
Rear Guard

b. Security

All appointed sentries will be properly instructed and particularly alert. All other personnel will be alert. Assignments as given below.

c. Alarms

See Section 2

d. Halts

Fifteen minute halt forty-five minutes after leave of departure. This halt is for the adjustment of clothing and equipment. All subsequent halts will be for ten minutes after each fifty minute period of marching.

e. Medical Support

(1) One medical officer will march at the rear of the column with an ambulance equipped with first aid supplies. Each group will assign one medical technician to march at rear of group.

(2) No man will fall out of group without permission from officer or NCO in charge of his group, nor will he fall out of march without permission from the medical officer marching at the rear of the column.

(3) Ambulance will remain at least 100 yards distant from column and will travel by 15-30 minute bounds.

2. ALARMS

a. Gas

Percussion gas alarm, "Gas" or "Spray", orally. Troops will don masks and protective covers.

b. Air

Three blasts of whistle, "Cover", orally. Troops will disperse to sides of road under cover and assume the prone position.

c. Tanks

Three blasts of whistle, "Tanks", orally.

3. FORMATION

a. For administrative marches troops will march in a column of two's on right side of the road.

b. For tactical marches troops will be in single file on each side of the road. Marching will be done on the shoulder or in the ditch.

4. GROUPING

a. Group I

This group will consist of the enlisted administrative personnel. The detachment commander with the Sergeant Major assisting will be in charge of this group.

b. Group II

Consists of Officers, Nurses and Warrant Officers. Commanding Officer and Executive Officer in charge.

c. Group III

This group will consist of the enlisted professional personnel. The assistant detachment commander and the first sergeant will be in charge.

5. NIGHT MARCHING

Night marching will be done under blackout conditions. There will be no talking or smoking. The point, the lead man in the advance guard, and the rear man in the rear guard will carry blackout flash lights. The lead man and the rear man in each group will carry a blackout flashlight. These will be used to protect the column against vehicular movement.

6. ORDER OF MARCH

The order of the march will be:

- a. Group I
- b. Group II
- c. Group III

7. ORIENTATION

All personnel will be oriented as to length of march, rate of march, type of march (forced, tactical or administrative) and the duties of the point, advance guard, rear guard and runners.

8. PLAN

March plans will always include:

- a. Point of assembly
- b. Time of assembly
- c. I. P. (initial point)
- d. Time of departure
- e. Rate of march
- f. Designated halts

9. RESPONSIBILITY

Officers responsible for each group will inspect:

- a. Condition of feet
- b. Condition of socks
- c. Condition of shoes
- d. Proper uniform
- e. Adjustment of equipment
- f. Canteen for water supply
- g. Proper consumption of salt (Surg Gen Circ Letter #119)

10. ROUTE

A detailed route will be presented by maps and overlays. Reconnaissance and marking of route will always be done.

11. SECURITY

- a. The point, advance guard and runners to maintain contact with the front and rear of Group I will be furnished by Group I.
- b. The rear guard, flank guard and runner to maintain contact with the front and rear of Group III will be furnished by Group III.
- c. The point will serve as air, gas and mechanized sentry.
- d. One man in the rear guard will serve as air, gas and mechanized sentry.
- e. The runners will serve as air, gas, and mechanized sentries.
- f. Each group will assign one man as air, one as gas, and one as mechanized sentry.
- g. All sentries will be provided with a whistle.

12. TACTICAL FOOT MARCHES

a. Troops:

	Point	
	50 yards	
	Runner	
	50 yards	
	Advance Guard	
	50 yards	
	Runner	
	50 yards	
	Group I	
	50 yards	
	Group II	
Flank - 50 yds - Runner - yds	50 yards	50 yds - Runner - 50 yds - Flank
Guard	Group III	Guard
	50 yards	
	Runner	
	50 yards	
	Rear Guard	

- b. Interval - as indicated
- c. Security - see section 11
- d. Alarm - see section 2
- e. Halts - see section 1, paragraph d
- f. Medical support - see section 1, paragraph e

INFORMATION OFFICE

1. ORGANIZATION

The information office for the purpose of administration is under the adjutant. A noncommissioned officer is detailed in charge with such enlisted assistants as may be necessary. This office is kept open 24 hours each day.

2. FUNCTION

The functions are:

a. Index of Patients

In order that a ready reference may be available, a card is prepared for each and every patient admitted. Care is exercised that all the data recorded are correct. These cards are filed alphabetically according to last name in dictionary index order. Any change in wards or other data are noted immediately on this card. These cards remain in the "live file" until the patient is returned to duty, discharged, dies, or is otherwise disposed of, when the card is filed in a "dead file" in the same manner as prescribed for the live file where it is kept for three months for reference.

b. Rosters of duty personnel

A roster of duty personnel, officers of the day, military and civilian, is kept up to date for reference.

c. Roster of seriously ill patients.

A roster of patients who have been reported as seriously ill is kept and no name will be removed until a death notice has been received, or on the request of the commanding officer, detachment of patients, who is responsible that no patient who has been reported as seriously ill remains on the roster after recovering sufficiently to warrant the removal of the name from the list.

d. Information given out.

All information requested is given freely, except that in no instance is diagnosis furnished. Requests for diagnosis are referred to the adjutant or the executive officer.

e. Packages, telegrams, special delivery letters, etc; received.

All packages, telegrams, special delivery letters, flowers, etc., received for a patient who is in the hospital, are receipted for, entered

in a book provided for this purpose, and delivered to the patient with the least practical delay. Receipt from the patient or the nurse in charge of the ward is obtained in this book.

f. Function under administrative officer of the day.

During the hours that the administrative offices of the hospital are closed, the personnel perform such duties in and about the hospital as may be directed by the administrative officer of the day as well as any clerical work that may be required.

g. Telegrams

A book is maintained in the information office with a copy of the standard forms for routine telegrams which must necessarily be transmitted during hours that administrative offices of the hospital are closed. All telegrams sent out during these hours conform to the appropriate form indicated in each case. Replies to all telegrams, except official business, are sent collect.

3. REPORT OF ADMINISTRATIVE OFFICER OF THE DAY

The report of the administrative officer of the day may be prepared in the information office. All changes in duty personnel are recorded under the appropriate heading.

LABORATORY SERVICE

1. AUTOPSIES

Post-mortem examinations will be made by the Chief of Laboratory Service or an officer designated by him on the written authority of the commanding officer in each case.

2. BLOOD TRANSFUSIONS

a. In order to obtain any adequate list of suitable donors of the four blood groups, all members of the Detachment Medical Department will be invited to become members of the blood donor pool of the hospital. Application will be made on a form prescribed by the Chief of Laboratory Service, submitted to the Detachment Commander for approval, and if approved, forwarded to the Officer in Charge of the Dispensary, who will satisfy himself as to the applicant's history of disease, make a general physical examination of the applicant and procure an x-ray examination of the chest. He will note his findings and those of the x-ray examination on the application form and forward same to the Chief of the Laboratory Service. The Chief of the Laboratory Service will cause to be made a complete blood examination of the applicant, including a serological test for syphilis. Applicants found qualified by these procedures will comprise the blood donor pool and their applications will be filed, by blood group by the Chief of Laboratory Service.

b. In order to maintain an adequate list of suitable donors, the Chief of the Laboratory Service will cause the donors of the pool to be re-examined physically and re-tested serologically for syphilis at intervals not to exceed three months.

c. The responsibility for adding donors to and dropping donors from the approved list and for maintaining a sufficient number of suitable donors will rest with the Chief of the Laboratory Service and whenever the number of suitable donors falls below that required to meet the needs of the command, the Chief of Laboratory Service will select enlisted donors from organizations other than the Detachment Medical Department. Preference will be shown married men of good character, who are recommended by their organization commanders, and who are required to undergo physical examinations periodically. The procedures followed in determining the suitability of donors of this latter class will be the same as those outlined above for donors of the Detachment Medical Department.

d. Whenever a medical officer wishes a patient under his care to receive transfusion, he will submit to the Chief of Laboratory Service a request to that effect. The Chief of the Laboratory Service or an officer designated by him upon receipt of such request will direct the typing of the patient's blood and will then select from the pool a donor or donors of suitable blood type and will supervise the cross-matching

tests. A rapid serological test (Kahn precipitation reaction) will be done, if possible, immediately prior to the use of the donor. Responsible officers will, insofar as possible, anticipate the necessity for blood transfusions, in order that a preliminary Kahn test may be performed. Cases not permitting the delay required for this will be given transfusion from a specially selected list of donors on record in the laboratory as having had a negative Wassermann or Kahn reaction within one month. Upon finding a compatible donor, the laboratory officer will render to the officer who is to perform the transfusion a written report stating the names and blood group of patient and selected donor or donors, the results of the cross-matching tests, and the date and result of last serological test for syphilis in the case of the donor or donors. The laboratory will direct the selected donor to report in person to the officer who is to perform the transfusion, who will check his temperature immediately before he uses him. In case he finds this donor unsuitable, he will advise the laboratory officer, who will proceed as above to select another compatible donor.

e. Insofar as practicable donors will be used in rotation, but no donor, except in the most pressing emergency, will be used within an interval of less than thirty days from the date he was last used. In any case before a donor is used a second time, the laboratory officer will make certain by hemoglobin determinations that the donor has fully recovered from the preceding blood-letting.

3. BODIES, DISPOSITION OF

a. Bodies of deceased persons will be properly prepared and removed to the morgue as required by paragraph L. Bodies of deceased persons committed to the morgue will be placed there in correct posture. Care will be exercised to prevent turning of the head, extreme flexion or extension of the neck, or malposition of the extremities. Undue pressure by winding-sheets or otherwise, especially on the face will be avoided. If a bandage is used to close the mouth, it will be well padded with cotton and applied as loosely as possible to avoid leaving pressure marks over jaw and cheeks. During routine duty hours this is the responsibility of an officer designated by the Chief of the Laboratory Service. Outside of routine hours the responsibility rests on the Officer of the Day who determines the fact of death. An officer designated by the Chief of Laboratory Service will be responsible for the care of bodies held in the morgue, and will turn them over to the undertaker only on the written authority of the Registrar or the Administrative Officer of the Day.

b. The person removing the bodies from the morgue will acknowledge receipt thereof upon the Registrar's order authorizing removal. This record will be filed in the laboratory.

4. CHIEF OF SERVICE

The senior medical officer assigned to the laboratory service is known as the Chief of Laboratory Service. His duties in general are:

a. General charge of the laboratory.

b. Supervision of the performance of such examinations as are requested by ward officers, and report findings directly to the ward officer concerned.

c. General charge of the morgue, including care of the bodies of deceased persons (until turned over to proper undertaker), performance of post mortem and biopsy examinations, preparation of protocols and biopsy reports, and the preservation, classification, and disposition of gross specimens.

d. The Chief of Laboratory is responsible for the protection and proper care of bodies of deceased persons from the time a body is received in the morgue until it is disposed of in accordance with existing instructions. In all cases where remains are prepared at Government expense, he assures himself that the remains are prepared in accordance with sanitary regulations and is responsible for the preparation of the remains for burial or shipment, including verification of the employment by the undertaker of effective and scientific embalming processes, including vessel ligation and injection after autopsy, and sees that the body is properly and completely clothed and ready to be placed in the casket. He makes a final inspection immediately before disposition of the body and verifies the identity of the deceased and the disposition of the body. He submits a signed report in each individual case to the effect that he has inspected the remains, that the remains have been properly prepared and clothed, and that he has verified the identity of the deceased at the time of disposition. This report is transmitted to the registrar and filed with the medical record of the case. The removal of remains from the hospital will not be authorized by other than the registrar, unless under exceptional circumstances or when relatives of the deceased, after having been informed of this regulation, demand the removal. Under no circumstances, however, will a certificate of death be signed by other than the registrar, the Chief or the assistant Chief of the medical or surgical service.

5. CONTAINERS, USE OF PROPER

Proper containers for the collection of specimens will be used in every case. Tightly covered containers will be used for sputum and feces. Such containers may be obtained at the laboratory only in sufficient numbers to supply immediate needs. All specimens will be labeled with the name of the patient and ward, or when practicable request slips will be attached thereto. The use of adhesive plaster is prohibited for this purpose.

6. DETAIL, EMERGENCY

There will be at least one commissioned officer in the laboratory during the period of regular duty, and a competent enlisted technician is on emergency duty throughout the entire twenty-four hours.

7. EXAMINATIONS, EMERGENCY

Will receive prompt attention and have priority over routine work. All such requests are initialed by the responsible officer requesting the examination.

8. EXAMINATIONS, PROCEDURE IN REQUESTING

a. For routine examinations it is suggesting that for purposes of economy of time and materiel a definite schedule such as that following be established:

All requests for laboratory examinations will be submitted to the office of the laboratory in duplicate on the MD blank forms provided for that purpose, WD, MD Forms No. 55L, 55L2 through 55L9, and 55M, with the patients' name typed or printed in capitals. A report of results of these examinations will be distributed from the same officer the morning following. In case of emergency the report will be made to the ward officer by telephone.

b. Routine specimens and requests (except from the attending surgeon's office or dispensaries) will be sent to the laboratory not later than 0900 daily, except Sundays and holidays. Specimens and requests from the attending surgeon's office or dispensaries may be sent to the laboratory at any time during office hours. Laboratory requests on Sundays and holidays will be limited to emergency examinations.

c. Requests for emergency examinations will be made by medical, dental or veterinary officers only and will receive prompt attention and have precedence over routine work.

d. Wassermann and Kahn Tests: Blood specimens for Wassermann and Kahn tests will be collected daily except Saturdays, Sundays and holidays. Patients whose conditions permit will be sent to the laboratory between 0800 and 1000 daily except as noted above. Blood of bed patients and all female patients in the hospital will be collected in the wards by laboratory personnel. The request for bed patients will bear the notation "Bed Patient" and the number of the bed will be forwarded to the laboratory before 0900. Requests for Wassermann tests shall be prepared on Form 55 L-3 (MD). All first requests for Wassermann tests will be accompanied by the Wassermann Card, Form 97 MD properly executed and signed by a medical officer.

e. Hematology: Blood counts will be done daily from 0800 to 1000. Emergency counts will not be requested except in acute conditions such as Acute Abdominal conditions, Pneumonia, Leukemia, Anemia, Malaria, and Septicemia.

f. Blood Chemistry: Requests for routine blood chemistry will be submitted in duplicate to the laboratory before 1400, Tuesdays, Thursday, and Fridays. Blood for these examinations will be collected on Mondays,

Wednesdays and Fridays. Requests for glucose tolerance tests will be submitted before 1400 Mondays. Blood will be taken for these tests on Tuesdays. Requests for special blood chemistry determinations will be submitted to the laboratory before 1400 Wednesdays. Blood for these tests will be taken on Thursdays.

(1) Ambulatory male patients and ambulant female patients requiring glucose tolerance tests will report without breakfast to the laboratory at or before 0800.

(2) Laboratory personnel will visit wards and obtain specimens for blood chemistry in the case of bed patients and all female patients except as noted above.

(3) Emergency examinations for sugar or urea nitrogen will be made any day requested.

g. Spinal fluid: Spinal fluid for serological examination will be collected by an officer designated by the chief of the section concerned. Specimens accompanied by the proper request will be delivered to the laboratory not later than 1130 on Mondays and Thursdays. It is essential that spinal fluid be sent to the laboratory immediately after removal from body.

h. Dark field examinations: Patients requiring dark field examinations will be reported to the laboratory at 1300, except Saturdays, Sundays, and holidays.

i. Tissues for histo-pathologic examinations. All tissues will be accompanied by Form 55M, MD, properly executed. All tissues will be placed in 10% Formalin (4% formaldehyde solution) which can be obtained at the laboratory and will be delivered in person to some member of the laboratory staff. When a study of frozen sections is desired, the pathologist will be notified as far in advance as practicable.

j. Basal metabolism determinations: Requests for basal metabolism determinations will be prepared on Form 55L-14, MD, and will be sent to the Chief of the Cardio-vascular Section, who will do these determinations. Orders for proper preparation of patient will be written by the Chief of the Cardio-vascular Section twenty-four hours in advance.

9. EXAMINATIONS, RECORD OF

A record of all examinations will be maintained in the laboratory. Blood donor index cards, Wassermann and Kahn reports, autopsy protocols, and surgical pathological reports will be permanent. All other duplicate laboratory reports will be kept for a period of one year and then destroyed.

10. ORGANIZATION

The Laboratory Service will constitute a unit of the Professional Division of the hospital.

The following is the personnel of the laboratory service:

Lt Col, MC - Chief of Laboratory Service.....	1
Major, SnC - Bacteriologist and Serologist.....	1
Captain, SnC - Biochemist.....	1
T/Sgt (858).....	1
Sgt (673).....	1
Clerk Typist, T/5 (405).....	1
Med Lab Tech, T/3 (858).....	2
Med Lab Tech, T/4 (858).....	3
Med Lab Tech, T/5 (858).....	5
Med Lab Tech (858).....	4
Orderly (695).....	1

11. PATIENT, PROCEDURE IN DEATH OF

If death occurs, the body will not be removed from the ward until death has been pronounced by a Medical Officer. In case relatives are present or in the immediate vicinity, consideration should be given their possible desire to view the body before it is finally prepared for removal to the morgue. Before removal of remains from the ward, three "Death Tags" (these may be obtained at the Receiving and Evacuation Office) will be properly prepared and signed by the Medical Officer in attendance at time of death. One tag will be securely tied to the right great toe and one to the left wrist of the cadaver. Before the body is removed from the ward, it will be thoroughly washed, eyes and mouth properly closed, all openings properly plugged to prevent discharge and wrapped in clean sheets so as to prevent exposure of any part of the body. The third "Death Tag" will be securely attached to the outside of the sheets. Upon completion of the above, the remains will be removed without delay from the ward to the morgue with as little disturbance as possible, and transported to the morgue by ambulance or litter as may be determined most suitable and directed by the Medical Officer in attendance. The Ward Officer will notify the Laboratory Officer and indicate if a post-mortem examination is desired.

12. SPECIMENS, PRESERVATION OF

Valuables and interesting specimens obtained at operations or autopsies will be preserved and forwarded to the Army Medical Museum accompanied by pertinent data. (AR 40-310)

M E D I C A L S E R V I C E

1. ASSISTANT CHIEF, MEDICAL SERVICE

An assistant Chief of the Medical Service may be assigned by the Commanding Officer upon the recommendation of the Chief of Service. His duties will be prescribed by the Chief of Service.

2. AUTOPSIES, ATTENDANCE AT

The Chief of Service will require all members of the Service who can be spared from other duties to attend autopsies. He will supervise the report of the clinical features of the case to be made by the ward officer attending the deceased before it is forwarded to the Chief of the Laboratory.

3. CARDIOVASCULAR-RENAL SECTION

a. Organization

The Cardiovascular-Renal Section will function as a part of the Medical Service for the treatment of cases of cardiovascular and renal disease, including acute rheumatic fever, in patients on an enlisted status.

b. Chief of Section

The Senior Officer assigned to duty in the Section will be in charge thereof and will be known as the Chief of the Cardiovascular-Renal Section. He will be responsible for the care and treatment of all patients in this section, the administration, discipline, sanitation, and police of the section, and for the procurement and safeguarding of Government property.

c. Out-Patient Index

The Chief of Section will maintain an out-patient index as prescribed in par 10, AR 40-1070, of patients other than those sick in the hospital, and on the last day of each month transmit to the Chief of the Medical Service an Out-Patient Report of the number of patients and number of visits of military and non-military personnel.

d. Electrocardiography

The Chief of the Cardiovascular-Renal Section will also be the Electrocardiologist. He will be responsible for the operation of the electrocardiograph. He will make electrograms and give interpretation thereof when properly requested to do so. Officers of other wards and departments desiring an electrocardiogram will accomplish MD Form No. 55-J (single copy) and send through the Chief of the Medical Service.

Report will be made on the request form and a section of film from each lead will be attached as indicated therein, and returned to the officer making the request. A file copy of film and report will be prepared and kept in permanent file on card furnished for that purpose.

4. CHECK LIST

The following check list will provide the Chief of the Medical Service with various activities which are certain to come under observation and inspection by higher authority and will assist in the proper and efficient command of the service.

a. See that all hospital rules pertinent to the service are posted in convenient places.

b. Patients with communicable diseases are isolated individually, or in groups (AR 40-245), and a special section of the hospital is set aside for their management. Cubicle frames provided.

c. Patients with communicable diseases are restricted to the portion of the hospital set aside for their treatment during the communicable stage.

d. Visiting is prohibited between patients with the various classes of communicable diseases.

e. Beds, mattresses and linens of communicable disease patients are properly disinfected when patient is released.

f. Cases with respiratory diseases are required to use paper napkins or pieces of gauze as handkerchiefs; and these are burned after use.

g. Dishes, knives, forks are sterilized after use.

h. Patients with venereal disease are isolated from all other patients.

i. Ward attendants have been fully instructed in methods of protection against disease both for themselves and others.

j. Suitable, properly secured room is set aside for care of mental cases.

k. Keys to mental wards and prison wards are so handled that these wards can be quickly entered in case of fire, disorder, or search.



5. CHECK LIST FOR WARD INSPECTION

a. A file of non-expendable medical supplies is in use in the ward on WD AGO Form No. 447.

b. Is any inflammable material exposed to the danger of fire in wards or closets (AR 700-10)

c. See that the Head Nurse under the Ward Officer is placed in charge of the ward, of the nurse, of the enlisted personnel and others assisting in the care of patients (AR 40-20)

d. See that the nurse records all instructions from the Ward Officer for the guidance of both day and night nurses.

e. She is held responsible for the proper nursing of patients and serving of food, administration of medicines, and the cleanliness and order of the ward and of the public property therein.

f. (1) In the absence of members of the Army Nurse Corps the wardmaster is in charge of the ward, and he has responsibility in the same degree and manner as the head nurse.

(2) Enlisted attendants are required to comply with the instructions of nurses in the execution of their offices.

(3) Smoking by ward personnel while on duty in wards is prohibited.

(4) Enlisted attendants wear the white uniform while on duty.

(5) Enlisted men are forbidden to collect or hold money or valuables belonging to patients or to have financial transactions with them.

g. (1) Upon admission to the ward the patient is advised to deposit his money and valuables for safekeeping.

(2) In case a patient is unconscious or seriously ill, the ward officer secures the valuables at once in the presence of witnesses and secures a receipt therefor from the Custodian.

(3) Soiled clothing of patients is laundered at Government expense as a part of the hospital laundry.

(4) Patient's clean clothing is listed in duplicate on WD MD Form No. 75 in his presence, or in the presence of witnesses in case the patient is unconscious or insane, signed by the patient, bundled and tagged and securely stored.

h. (1) Patients are properly dressed.

(2) Patient's temperature, pulse and respiration are taken and recorded at once on WD MD Form 55 G-1 showing the time the patient was admitted to the ward.

(3) Patient is bathed, clothed in hospital clothing, and put to bed on arrival unless otherwise instructed.

(4) The nurse informs the ward officer promptly if the patient shows any indication for the need of early attention.

(5) The instructions relative to nourishment and the prescribing of a diet by a Medical Officer are followed.

(6) Complete detailed histories and physical examinations are recorded promptly.

i. Prescribe the frequency for the bathing of ambulatory patients.

j. Forbid the use of profane language, loud talking, singing, or boisterous actions in the ward.

k. Forbid gambling in the wards.

l. Prevent the use of towels, basins, toilet articles or articles of clothing belonging to other patients.

m. See that patients are required to report to the ward officer any inattention regarding care and treatment or any dissatisfaction regarding the character, quantity or manner of serving food.

n. (1) Insure that when death is imminent the patient is properly segregated from other patients.

(2) In case of death, see that the body is examined by the responsible medical officer before being removed from the ward.

(3) See that the remains are promptly removed to the morgue, the body properly tagged, washed, orifices properly cared for, clothed in clean linen and the remains wrapped in a clean sheet.

o. (1) Insure that a ward morning report is prepared, covering all cases admitted, disposed of, or transferred to or from the ward in the previous twenty-four hours, ending at midnight.

(2) See that the daily diet requests and mess store room requests are signed and sent to the Mess Officer.

(3) Send all clinical records to the Registrar twenty-four hours before patient is discharged for checking.

(4) Require that all medicines or treatments are recorded in the ward order book by the nurse receiving the orders and that the book is signed by the ward officer.

(5) See that check of narcotics and alcohol will include a check of the ward officer's order book against the record of administration to the patients.

p. Insure that the direction for the taking of pulse rates, temperature, and respirations are followed.

q. Insure that clinical records are kept in places where patients or visitors cannot have access to them.

r. See that the following points are carefully inspected and supervised in regard to the messing of patients:

(1) The Dietitian or Head Nurse is made responsible for the service of food and meals and that a full report is made when food is not satisfactory, and insures that action is taken immediately to rectify any mistakes observed.

(2) The tray service is attractive, the food appetizing and promptly served in sufficient quantity and variety.

(3) The food is properly cooked and not wasted.

(4) Messing of attendants is prohibited in wards and kitchens.

(5) The ward officer specifically states the patients who are to go to the dining room for meals.

(6) Bills of fare for diets prescribed by the commanding officer are made out and posted in the Ward Office.

s. Require ward officers to make a complete and detailed inspection daily of the sanitation, neatness, upkeep and repair of equipment, outside policing of the ward area and general administration, and that proper action is taken to correct the defects and deficiencies noted at the inspection.

t. It is of paramount importance for all concerned, from the Chief of the Service through every subordinate, to check continually to insure that meals are served HOT to bed patients.

6. CHIEF, MEDICAL SERVICE

a. The Service is commanded by a Lieutenant Colonel of the Medical Corps who is designated as the Chief of the Medical Service. As such he is directly responsible to the Commanding Officer for everything the medical service does or does not do; both in an administrative as well as professional capacity.

b. Duties:

(1) Administration of the service, sanitation and police of the wards and department areas, the supervision of the professional actions of the subordinate medical officers, nurses and corpsmen, and the close observation, including additions and corrections of all clinical records and reports of the department, constitute the primary duties of the Chief of Service.

(2) He should make visits to the wards assigned to the service frequently enough to insure their proper operation. Close supervision and frequent consultation with the Chiefs of Sections and the ward officers involved in the case of any patient on the critically ill list is expected.

7. CHIEFS OF SECTIONS

a. The sections are normally in charge of an officer with rank of Major, who is known as the Chief of _____ Section. Chiefs of Sections are directly responsible to the Chief of the Medical Service, for the care and treatment of all patients admitted to the section from the time they are released by the Receiving and Evacuation Office until they are returned to duty or turned over for transfer to another hospital, section or service.

b. In routine matters the Chiefs of Sections will act as consultants in the hospital..

c. Consultations

(1) The Chief of Service considers all requests for consultation made within and to the Service, approving or disapproving as he deems best. In case of approval he designates the consultant by name.

(2) Consultation is not requested until a complete history has been taken and thorough examination made, together with laboratory data. Emergency requests, however, will be acted upon without delay. Medical consultants, after completing their examinations, enter their opinions in writing upon appropriate blanks to be attached to the patient's clinical record, together with recommendations which they may desire to make. Form 55 E-1

8. COMMUNICABLE DISEASE SECTION

a. Organization

The Communicable Disease Section will function as a part of the Medical Service for the treatment of all cases of contagious disease in the hospital, and such other cases as may in the opinion of the Chief of the Medical Service require isolation.

b. Chief of Section

The senior officer assigned to duty in the section will be in charge thereof and will be known as the Chief of the Communicable Disease Section. He will be responsible for the proper isolation, segregation, care and treatment of all patients in this Section and will institute such prophylactic and other sanitary measures as he may deem necessary to prevent cross infection and the infection of personnel. He will cause to be placed at the entrance of each room in which contagious cases are under treatment, a placard of suitable size showing the character of the disease therein.

c. Patients' Clothing

The clothing of patients admitted to a ward in the Communicable Disease Section will not be placed in the Clothing Room until it has been properly disinfected. Such clothing will be inventoried and listed as provided under "Clothing and Baggage". Underclothing and outer-clothing that can be sterilized by steam will be placed in a sack or pillow case, securely tied and tagged with the patient's name and number of the ward and taken to the disinfecting plant for sterilization. Hats, shoes, belts, and other articles that may be damaged by steam will not be sent to the disinfecting plant, but will be disinfected as directed by the officer in charge of that section. After the clothing and effects have been disinfected, they will be disposed of as directed under Clothing and Baggage.

d. Laundry

All soiled bed linen, hospital clothing of patients, towels and other articles of hospital linen which have been in contact with patients suffering from contagious diseases will be placed in a sack, securely tied, and sent for sterilization before it is delivered to this hospital laundry, provided in the opinion of the Chief of the Medical Service such procedure is necessary to prevent the spread of infection. Linen of this character which had been soiled by excreta or discharge from the respiratory tract will be soaked in a five percent solution of liquor cresolis compound, or other suitable disinfectant, for at least thirty minutes prior to the placing in a sack as prescribed above if in the opinion of the Chief of the Medical Service such procedure is necessary to prevent the spread of infection.

e. Visitors

No person will visit patients suffering from a contagious disease except by written permission of the Chief of the Medical Service or the Ward Officer, or in emergency by a similar permission of the Medical Officer of the Day.

f. Deaths

When a patient suffering from contagious disease dies, the body will be disposed of according to procedure prescribed in Hospital Regulations.

g. Reports

(1) The Chief of the Communicable Disease will submit a report of contagious disease to the Registrar through the Chief of the Medical Service for each case of communicable disease admitted to the Section. This will be accomplished on the prescribed form. In the event that the patient is an officer, nurse, warrant officer, enlisted man, or civilian living on a military reservation the Registrar will furnish the medical officer having sanitary jurisdiction over the military reservation a copy of the report submitted by the Ward Officer and will also send a copy of the report to the Surgeon of the Post, Camp, District, or as prescribed by higher military authority.

(2) The Chief of Section will maintain an out-patient index as prescribed in par 10, AR 40-1070, of patients other than those sick in hospital, and on the last day of each month transmit to the Chief of the Medical Service an Out-Patient Report of the number of patients and number of visits of military and non-military personnel.

h. Venereal Diseases

With the evolution of medical treatment for Gonorrhea it may be desirable to include venereal diseases in the Medical Service. This classification of diseases because of the need for isolation are most logically placed therefore under the control of the Chief of Section of Communicable Diseases.

9. GASTRO-INTESTINAL SECTION

a. Organization

The Gastro-intestinal Section will function as a part of the Medical Service for the treatment of cases of gastro-intestinal diseases, including liver disease and gall-bladder disease in patients on an enlisted status.

b. Chief of Section

The senior medical officer assigned to duty in the Section will be in charge thereof, and will be known as the Chief of the Gastro-intestinal Section. He will be responsible for the care and treatment of all patients in this section, the administration, discipline, sanitation and police of the section, and the procurement, safeguarding and use of government property.

c. Gastric Analysis Clinic

The Gastric Analysis Clinic will function as a part of the Medical Service, and will be under the supervision of the Chief of the Gastro-intestinal Section, who will be charged with the maintenance, equipment, and operation of the Clinic. Gastric analysis and gall-bladder drainages for culture of bile will be made by appointment upon

request from the various wards. Specimens will be labeled and sent to the laboratory for examination accomplished by Form 55 L-8 MD in duplicate.

d. Out-patient Index

The Chief of Section will maintain an out-patient index as prescribed in par 10, AR 40-1070, of patients other than those sick in the hospital, and on the last day of the month transmit to the Chief of Medical Service an out-patient report thereof.

10. MEETINGS, STAFF

The Chief of the Medical Service will arrange for the Service Staff Meetings. These will be held weekly; the hour, date, place and subject to be designated by the Chief of Service. Such meetings will be for the purpose of discussing matters of both administrative and professional interest. Reporting of unusual cases and the setting up of groups for the review of professional journals and literature will be supervised by the Chief of Service. Hospital Staff Meetings will be under the direction of the Commanding Officer.

11. MEDICAL SECTION, GENERAL

a. Organization

The General Medical Section will function as a part of the Medical Service under supervision of the Chief of the Medical Service. It will occupy such wards as may be assigned to it from time to time, by the commanding officer. The staff will consist of such medical officers, members of the Army Nurse Corps and enlisted men as may be assigned thereto.

b. Chief of Section

The senior officer assigned to duty with the section will be known as Chief of Section, and will be responsible to the Chief of the Medical Service for its operation and efficiency.

c. Ward Officers

Officers delegated in charge of wards on the section will be responsible for the professional care of the patients therein, the administration, discipline, sanitation and police of the ward, and the procurement and safeguarding of government property.

d. Class of Patients Treated

The following classes of cases on an enlisted status will be treated on the General Medical Section: Arthritis, allergy, metabolic diseases, blood dyscrasias, peripheral vascular diseases, diseases of

the endocrine system, chronic non-tuberculous lung infections, dermatological cases (excepting infectious or contagious) and such other cases as may be assigned thereto by the Chief of the Medical Service. The above classes of cases will be divided into the various wards assigned to the General Medical Section under the Chief of the Medical Service. Equipment will be maintained on this section for the performing of allergy tests.

e. Out-patient Report

The Chief of Section will maintain an out-patient index as prescribed in par 10, AR 40-1070, of patients other than those sick in the hospital, and on the last day of each month transmit to the Chief of the Medical Service an out-patient report of number of patients and number of visits of military and non-military personnel.

f. With the advance in the use of Penicillin it is suggested that an officer in the General Medical Section be designated to administer this form of medication and be responsible for the proper care and handling of the material. A separate ward may be established, but in view of the various sections on both services needing this treatment it may be advisable to keep the Penicillin facilities available for all sections without transfer of the patient.

12. MEDICAL SECTION, OFFICERS'

a. Organization

The Officers' Medical Section will function as a part of the Medical Service for the treatment of medical conditions other than contagious and psychiatric cases of patients on officer status.

b. Chief of Section

The senior officer assigned to duty in the section will be in charge thereof and will be known as Chief of the Officer's Medical Section. He will be responsible for the administration, sanitation, and police of the section, the procurement and safeguarding of government property, and the professional care of the patients thereon.

c. Patients' Clothing and Effects

Clothing and baggage brought to the room will be limited to such articles as can be placed in the wardrobes or closets in rooms to which patients may be assigned; hand baggage and one foot locker, other trunks or foot-lockers to be stored in the Ward Clothing and Baggage Room where they will be accessible daily.

d. Passes

Patients on the Officers' Medical Section will remain on the ward until the ward officer has made morning rounds. They will not leave

the hospital without permission of the ward officer nor will they remain away from the hospital after twelve midnight without special permission in each case.

e. Sick Leave

An officer, warrant officer, or nurse desiring to avail himself or herself of sick leave for not more than one month, will make application in writing to the Commanding Officer, through the Chief of the Medical Service.

f. Disposition Board

Officers whose physical condition may require action by a retiring board, separation from the service, special report to higher authority, or transfer to another hospital, will be brought before the Hospital Disposition Board, by the Chief of the Medical Service. A complete medical history with report of physical examination and recommendations at the disposition will be prepared for the information of the Board by the Ward Officer.

g. Out-patient Index

The Chief of Section will maintain an out-patient index as prescribed in par 10, AR 40-1070, of patients other than those sick in the hospital, and on the last day of each month transmit to the Chief of the Medical Service an out-patient report of number of patients and the number of visits of military and non-military personnel.

13. NEUROPSYCHIATRIC SECTION AND OCCUPATIONAL THERAPY

a. Organization

The Neuropsychiatric Section will operate as a part of the Medical Service under the direction of the Chief of Medical Service. The senior medical officer on duty with the section will be known as the Chief of the Neuropsychiatric Section and will with his commissioned assistants be responsible for the care and treatment of all neuropsychiatric cases in the hospital, and the operation of the Occupational Therapy activities pertaining thereto. Should cases be in wards other than those of the Neuropsychiatric Section, the Chief of Section will cooperate with the ward officer directly in charge of those of the Neuropsychiatric Section, the Chief of Section will cooperate with the ward officer directly in charge of those patients, giving such advice and assistance as may be necessary.

b. Occupational Therapy

Occupational Therapy activities will be carried on in connection with the Neuropsychiatric Section for the treatment of those patients designated by the Chief of the Neuropsychiatric Section. Adequate facilities and equipment for this activity will be furnished by the Commanding Officer on recommendation of the Chief of the Neuro-

psychiatric Section. This activity will be under the direct charge of a Head Occupational Therapy Aide, who will be assisted by such a number of Occupational Therapy Aides as may be authorized by the commanding officer. The Head Occupational Therapy Aide will be responsible to the Chief of the Neuropsychiatric Section for the police, sanitation and proper operation of all occupational therapy activities, and the discipline and instruction of aides on duty therewith.

c. Wards

(1) Such wards as are designated by the commanding officer will be closed (locked) wards for the treatment of mental patients.

(2) Such wards as are designated by the commanding officer for the treatment of psychiatric patients as are suitable will be open (unlocked) wards.

d. Responsibility for conduct of closed wards

The Nurse in Charge, or in her absence the Wardmaster, will be held responsible for the execution of any special instructions of the ward Officer, and for the proper observance of all routine regulations or general instructions pertaining to either the personnel on duty on such wards or the conduct of the ward.

e. Assignment of Enlisted Attendants

The Commanding Officer, Detachment Medical Department, is charged with the assignment of a sufficient number of enlisted men as attendants. Enlisted men will be selected because of their adaptability for this special duty. They will be assigned with a view to permanency and will be changed only for cogent reasons. There will be at least one noncommissioned officer on duty on this section at all times. No ward will be left without at least the minimum safe number of attendants as determined by the Chief of Section. No attendant will leave his ward during duty hours until he has been granted such permission by the Wardmaster, and no Wardmaster will leave his ward except by authority from the noncommissioned officer in charge of the section.

The Adjutant will assign the required number of civilian ward attendants.

f. Procedure on Admission of Patients

(1) Patients admitted through the Receiving and Evacuation office and from other wards will be delivered at the office of the Chief of the Neuropsychiatric Section. In cases of patients admitted to closed wards the admission routine pertaining to the search for valuables will be carried out by a medical officer on duty in this section, or in his absence by the Medical Officer of the Day, and all matches, weapons, or dangerous instruments will be removed and disposed of as prescribed by regulations dealing with property of patients.

(2) Procedure regarding clothing and baggage is prescribed under "Baggage and Clothing."

g. Daily Inspections

(1) An inspection of all parts of each ward will be made daily between 0700 and 0900 by the nurse in charge and by the wardmaster for all property and dangerous objects which patients may have concealed. The windows, doors and all parts of the ward will be thoroughly inspected at frequent intervals each day by them to insure that the security of the ward is being maintained.

(2) Occupational Therapy Aides will keep close check of their tools and sharp instruments. On completion of each period of work, they will assure themselves that nothing with which a patient might injure himself or others has been removed from the work room.

(3) Nurses and Wardmasters of all wards, upon coming to duty, will assure themselves that all patients are present and will make immediate report to the noncommissioned officer by the night noncommissioned officer in charge of section of any absentees and will further note the same on daily morning report of ward. Upon relief of the day noncommissioned officer by the night noncommissioned officer, they together will make a careful check of all patients on closed wards and the same procedure will apply on relief of the night noncommissioned officer by the day noncommissioned officer. In addition to the above, the patients in the closed wards will be checked and the number verified by the Wardmaster hourly, day and night.

(4) The noncommissioned officer in charge of section will be responsible for the issuing and record of keys to locked wards. Surplus keys will be kept in a locked compartment in section office.

(5) Enlisted attendants are cautioned against the careless handling or loss of keys and care will be taken to prevent any patient obtaining possession of keys. Loss of keys will be reported immediately to the noncommissioned officer in charge.

(6) No matches will be furnished any patients on closed wards or allowed in their possession, except those patients on wards designated by the Chief of the Section.

(7) The Wardmaster will search patients for weapons or implements upon their return to the disturbed closed wards after any period of absence.

(8) All incoming packages or bundles intended for patients will be searched by a nurse or noncommissioned officer in the presence of the patient, and all forbidden articles removed and disposed of in accordance with existing regulations.

h. Medicines and Poisons

All Medicines and poisons will be kept in securely locked cabinets and the key to same will be kept in the possession of the nurse or noncommissioned officer. No medicines will be given to patients for self-administration. Each dose prescribed will be administered by a nurse or by a noncommissioned officer. Patients will not be permitted in ward offices where medicines are kept unless the ward officer or nurse is present.

i. Treatment of Patients

(1) It will be carefully borne in mind that patients on this section (and especially on the closed wards) are mentally ill. They will be treated with consideration and kindness at all times. Attendants are forbidden to strike or maltreat a patient in any manner and any attendant so offending will be punished. Each attendant reporting for duty on this section will sign a statement that he has read and understands the regulations pertaining to this section.

(2) Under no circumstances will arms, clubs, or weapons of any description be permitted on a closed ward.

(3) No form of mechanical restraint, seclusion or cold showers will be applied as punishment. Restraint or seclusion for therapeutic reasons will only be used upon written order of a medical officer, and under the direction and supervision of the nurse in charge. The nurse will keep a record of the time of applying and of removing the restraint or seclusion. Nurses and enlisted attendants will be instructed by the Chief of the Section in the application of the restraint apparatus and the supervision of patients so restrained.

(4) In case of sudden violence of a patient or of injury to a patient or to an attendant, a medical officer shall be immediately notified.

(5) No patients from a closed ward, other than those specifically designated by the Chief of Section, will leave the Neuropsychiatric Section except with permission of a medical officer and in the custody of one or more attendants. Not more than two patients will leave the closed ward in charge of one attendant. The attendant will be thoroughly instructed not to lose sight of his patient at any time until he is returned to the Neuropsychiatric Section unless relieved by an officer of his responsibility or a noncommissioned officer on duty with section. No officer, nurse, or attendant in any clinic or department where cases are sent will give instructions contrary to the above.

(6) No patient will be taken from the closed Neuropsychiatric Section without the knowledge of the nurse in charge or the ward nurse, and she will enter in a record book the name of the patient, time of departure, time of return, destination and the name of approving medical officer.

(7) Razors will be kept locked up in the wards and will be given to patients to use only at specified times under the supervision of the wardmaster. Disturbed patients will be shaved by ward attendant or barber called for that purpose. Other patients in the Neuropsychiatric Section may be allowed to shave themselves under the supervision of ward attendant, and immediately upon completion of the shaving razors will be returned to the wardmaster to be locked up.

j. Out-patient Report

The Chief of Section will maintain an out-patient index as prescribed in paragraph 10, AR 40-1070, of patients other than those sick in the hospital, and on the last day of each month transmit to the Chief of the Medical Service an Out-patient Report thereof.

k. Prison Ward

(1) Organization

One closed ward on the Neuropsychiatric Section will be designated as the Prison Ward. All sick prisoners will be cared for on this ward unless otherwise directed by the Commanding Officer.

(2) Ward Officer

An officer of the Neuropsychiatric Section will be designated as ward officer of the prison ward. He will have administrative charge of the ward and will be responsible for the professional care and maintenance of clinical records of patients who would ordinarily be cared for on the Medical Service. He will be responsible that the Surgical Service is notified of the admission of any patient requiring Surgical treatment and the Surgical Service will then be responsible for the treatment and maintenance of the clinical record of the patient. Officers treating prisoner patients will administer treatment in the Prison Ward whenever possible. If examination or treatment elsewhere is required the Prison Officer will furnish the necessary guard to conduct the patient to the designated place of treatment.

(3) Procedure on Admission

All prisoner patients admitted to the hospital will be placed in the Prison Ward unless otherwise directed by the Commanding Officer. In the presence of the Prison Officer, or in his absence the Administrative Officer of the Day, all persons admitted to the ward will be searched and any funds, valuables, knives, weapons, or other dangerous articles will be taken from him and listed in accordance with Hospital Regulations and turned over to the Custodian of Patients' Fund and Valuables. Clothing and baggage taken from the patient will be inventoried by the Wardmaster who will in the presence of witnesses, (the Ward Officer or Officer of the Day) list the same in duplicate in Form No. 75, MD, Patients' Property Card. The officer witnessing inventory will sign both copies. Both copies will be sent to the Ward Clothing Room.

(4) Daily Inspection

The Ward Officer will make a search of the ward daily for weapons or other dangerous objects that prisoners may have concealed. The windows, doors, and all parts of the ward will be inspected at least twice daily.

(5) Medication

No medicine will be given to patients for self-administration. Each dose of medicine prescribed will be administered by the nurse or wardmaster. No medicines or bottles will be left in the ward. Only sufficient medicines, drugs and other preparations will be kept on hand to meet the immediate requirements of the ward and all such drugs and other preparations will be securely locked in the medicine cabinet which will be kept in the locked ward office.

(6) Meals

Meals will be served in the ward, except that the ward officer may authorize convalescent patients to fall in with the duty prisoners and eat in the Patients' Mess Dining Room in which case the prison officer will provide the guard.

(7) Release of prisoners

No patient in the prison ward will be released without authority of the prison officer.

(8) Prison Officer

Nothing in these regulations will be interpreted as relieving the prison officer of his responsibility in the safeguarding of prisoners. He will maintain a sentry at the entrance to the prison ward and such other sentries as may be necessary to insure the safeguarding of prisoner patients. He will furnish the necessary guard to conduct prisoner patients to other sections for examination and when it becomes necessary to place prisoner patients on open wards for treatment the necessary sentries will be furnished.

14. OFFICERS, WARD

Ward Officers will be delegated to take charge of the wards of the various sections. They will be responsible for the professional care of the patients thereon, the administration, discipline, sanitation and police of the ward and the procurement and safeguarding of government property. They will be responsible to the Chief of Section to which they are assigned, but in the absence thereof they will be directly responsible to the Chief of Medical Service.

15. ORDERS, STANDING

The Chief of Service must be familiar with the provisions of

TM 8-260, chap 4, "Professional Standing Orders" and see that the instructions pertinent to the various sections is disseminated and followed.

16. REPORTS (Chief of Medical Service will submit the following:)

a. Monthly

(1) A consolidated report of all the out-patients treated by the various sections.

(2) Admissions - Total number

- (a) Original
- (b) Interward transfer
- (c) By interservice transfer

(3) Dispositions - Total number

- (a) Return to duty
- (b) Discharge for disability
- (c) Transfer to other wards
- (d) Deaths
- (e) Other

(4) Remaining cases - number

(5) Classification by diseases of cases treated.

(6) Classification by diseases of disability discharge.

(7) Classification by diseases of all deaths.

(8) Number and type of special diagnostic procedures.

(9) Number and type of all operative procedures.

(10) List any unusual case or special information that might be of interest in compiling the Annual Report.

(11) The names, dates of admission and diagnosis and prognosis of all patients remaining in the hospital over 60 days.

b. Annual

(1) A consolidated report of all important activities and statistics of the service for the year ending December 31, or for a portion of the year if the hospital has not been in operation a full year will be submitted to the Commanding Officer by the 10th of January.

17. SECTIONS

The Medical Service is normally composed of six sections as follows:

- a. General Medicine
- b. Communicable Diseases
- c. Cardio-vascular
- d. Gastroenterology
- e. Neuropsychiatry
- f. Officers

The Pharmacy and the Infirmary will be under the Administrative control of the Medical Service.

M E D I C A L S U P P L Y

1. GENERAL

a. General

Medical Supplies of the Army include all items of both a Professional and Non-professional nature, used by the Medical Department. They are divided into two general classifications.

b. Expendable

Refers to items that will be consumed in service, such as drugs, chemicals, cleaning and preserving materials; it also includes items that, due to their low cost and short life of service, make it impractical to carry on Memo Receipt, such as rubber gloves, tubing, etc., or items used in repair work that lose their identity by becoming a part of the original article. Standard items of an expendable nature are indicated by the letter "X" in the M. D. Supply Catalog.

c. Non-expendable

Refers to items that are not consumed and which due to their cost and length of life in service must be accounted for on the Stock Record Account of the supply officer, so that the quantity of such items charged with should be accounted for at any time by: Stock (Warehouse), In Service (Memo Receipts) plus any unaccomplished Shipping Tickets or Surveys. Any item of this nature can only be dropped from the records by: action of a Survey or Report of Shipment to another station. From long years of experience the Medical Department has been able to decide on certain items as necessary for the proper functioning of the Medical Department in peace or war, so the two General Classifications of Expendable and Non-expendable are again divided into two further classes, namely, Standard and Non-standard.

d. Standard

Items of both an expendable and non-expendable nature that are purchased and stocked in the General Depots and issued on requisition to all units of the Medical Department. Such items are listed in the Medical Department Supply Catalog, from Class One, Drugs and Chemicals, to Class Nine, Field Equipment and Supplies. As an aid for requisitioning and accounting, these standard items listed are classified into the nine classes, according to function or commodity and are given a number; the first digit of the number indicates the class to which the item pertains, such as 1 for Drugs, 2 for Surgical Dressing, etc. About 93% of the items used by the Medical Department are standard.

e. Non-standard

Includes all items that are not listed in the catalog. They are

not carried in stock, but are obtained either by local purchase from funds provided or by requisition on the General Depot, where they make the purchase and in most cases arrange for the direct delivery to the requisitioning officer. Like the standard items, these are divided, according to function or commodity, into nine classes, with the exception that each item does not have a number, only the class, and are listed as N-S 1, N-S 2, etc. The main purpose of allowing a limited purchase of non-standard items is to insure the efficiency of the Medical Department and provide an opportunity to test new items with a view to adding, from time to time, such items to the standard table, that have proved their worth or necessity.

f. Accountability; Accountable Officer

An officer who carries property on a stock record account and has such property in his possession, either in use or in storage, has "accountability" and "responsibility". He has "accountability" but not "responsibility" for property which he has issued to others on Memorandum Receipt. The accountable officer continued to carry on his stock record account the property issued to others on memorandum receipt.

g. Responsibility; Responsible Officer

All officers are responsible for government property under their care, or brought to their attention. An officer is responsible for property issued him on Memorandum Receipt, either personally or as in charge of his department.

2. UNIT OPERATIONS, PRIOR TO

a. Supply activities before departure for staging area. All reference data should be assembled before departure for staging area. Stock Record Cards should be acquired and made out, ready for the entry of quantities of each item on the equipment list upon arrival at destination. The following material should be assembled for the use of the Medical Supply Officer:

(1) Letter, The Adjutant General's Office, Subject: Preparation for Overseas Movement (POM) dated 1 August 1943.

(2) Table of Organization and Table of Equipment, 8-550, dated 3 July 1944 with change 1.

(3) Medical Department Supply Catalog dated 1 March 1944

(4) Medical Department Equipment List for Item Number 9723500

(5) Army Regulations (with all changes)

AR 30-2135 Laundries

AR 30-2145 Unserviceable Property, Including Waste Material

AR 35-6520 Property Accountability and Responsibility

AR 35-6540 Requisitioning Property

AR 35-6560 Receipt, Shipment and Issue of Property

AR 35-6620 Expendable Property

(2) Immediate steps should be taken to obtain shortages of important items of equipment before embarkation. Any questions that are not satisfactorily answered by the Port Authorities can be taken up with the officer in charge of the Medical Section of the SOS installation at the port for clarification.

c. Port of Debarkation:

(1) The following possibilities should be considered in locating organizational equipment upon debarkation:

(a) If equipment were shipped in a convoy preceding the personnel, it may be at the Port O.E.D. - Organization Equipment Dump, or it may have been segregated and safeguarded by the Medical Supply Officer of the Base Section.

(b) The equipment may have gone to a port other than the one at which the personnel arrived. In this case, transportation should be arranged for the Medical Supply Officer and enlisted assistants to the port where the equipment was shipped, to locate, segregate and safeguard, pending trans-shipment of the equipment.

(c) If the equipment was shipped in the same convoy with the personnel and arrived at the same port, it should be located as soon as unloaded and safeguarded, pending transportation to site of operation. In any of the above instances, a knowledge of the convoy and ships in which the equipment left the Port of Embarkation is of great value.

(2) Immediate contacts at Port of Debarkation are the Base Section Surgeon and the Base Section G-4.

(3) If shortages of T/E equipment were cancelled at the Port of Embarkation, requisitions should be submitted to the supply officer of the service concerned for the equipment that was not shipped, showing T/E allowance and cause of shortage.

3. UNIT OPERATION

a. The Medical Supply Officer will promptly set up the following records:

(1) Stock Record Accounts. The Stock Record Cards which have been initiated will be completed by filling in the quantities of items on hand. The primary purpose of the Stock Record Card is to insure balanced stocks; accountability is of secondary importance. The Stock Record Account will show only those supplies which are available for issue, except in the case of non-expendable items, the quantities on Memorandum Receipt will be shown in blank column on right margin. The maximum level of all items will be the quantity shown in Medical Department Equipment List for Item Number 97235. The re-order point

for non-expendable items is reached whenever the balance on Memorandum Receipt plus that on hand plus quantity on order drops below maximum level. The re-order point for expendable items is reached when the balance on hand, plus on order, falls below $2/3$ (66%) of the maximum level.

(2) Memorandum Receipt Stock Account will provide separate accountability for the quantities of those items which have been issued on Memorandum Receipt. Memorandum Receipts are recorded on the following records:

(a) Signed consolidated list of property held on Memorandum Receipt by each individual agency or activity--WD QMC Form Number 487 or suitable substitute.

(b) Account of Property on Memorandum Receipt, WD QMC Form 488, or suitable substitute to show location of each item of property on Memorandum Receipt.

(c) By record of property on Memorandum Receipt in the last column on Stock Record Card.

(3) A register showing all transactions involving alcohols, alcoholic liquors, narcotics, and habit forming drugs to facilitate a monthly check by an officer designated by the commanding officer.

(4) A record of quantities of all biologicals on hand showing expiration dates to facilitate requisitioning these items.

b. The following WD AGO Forms are used to requisition all Medical Supplies and for the return of serviceable and unserviceable non-expendable medical property:

(1) WD AGO Form No. 446, Property Issue Slip will be used to requisition all medical supplies and for the return of serviceable non-expendable medical property.

(2) WD AGO Form No. 447, Property Turn-In Slip, will be used for the return of unserviceable non-expendable medical property only.

(3) The number of copies of above forms required are as follows:

(a) For non-expendable medical supplies, three copies of WD AGO Form No. 446, Property Issue Slip are required. One copy will be returned with the issue of the property, one copy to Memorandum Receipt File and original as voucher to Stock Record Account.

(b) For expendable medical supplies only one copy of WD AGO Form No. 446, Property Issue Slip, for voucher to Stock Record Account.

(c) For gold, narcotics and platinum, three copies of WD AGO Form No. 446, Property Issue Slip; a copy for requisitioning agency, one for narcotics registrar and original for voucher to Stock Record Account.

(d) For the return of serviceable medical non-expendable property, three copies of WD AGO Form No. 446, Property Issue Slip; one copy to Turn-in Agency, one to Memorandum Receipt, and original to Stock Record Account.

(e) For the return of unserviceable medical non-expendable property, three copies of WD AGO Form No. 447, Property Turn-in Slip, for distribution as in d (4) above.

Note: The original copy of Forms 446 and 447 will be presented in all instances.

(4) Care must be taken to have the proper stock number, nomenclature, unit, "on hand", etc., properly entered on these forms.

(5) As copies of WD AGO Forms No. 446 and 447 will be used as vouchers to the Stock Record Account, they will be typewritten whenever practicable. When prepared in ink, these forms must be legible. As these forms become a part of the permanent records of Medical Supply Officer, neatness in execution of these forms should be exercised. In no instance should items be lined out or defaced in any way. The extreme right hand column headed "Action" is to be used for the purpose of deleting items, etc. The practice of lining out items or any other defacing marks cannot be permitted. .

(6) The "On Hand" column of WD AGO Form No. 446 must be filled in accurately. Supplies are becoming more and more critical and it is necessary to apportion the supplies received from the Medical Supply Depot each month so that every department will receive their share. The tendency to "hoard" supplies in the departments is to be frowned upon, and showing less stock "On Hand" or merely filling this column with zeros each week cannot be condoned. This only leads to discrepancies on the Medical Supply Office stock level and makes intelligent requisitioning impossible. A check will be made from time to time by Medical Supply personnel to see that the stock "On Hand" is actual. The weekly requisition is for supplies to run a department for the succeeding week.

(7) Failure to prepare Forms 446 and 447 properly will be sufficient reason to reject and return these forms to the departments for correction and resubmission.

c. The use of WD AGO Form 444, Inventory Adjustment Report may or may not be used to adjust stock record balance to correspond with actual balances found at monthly inventory. It is required that this report be submitted to the hospital commander before Stock Record balances are

changed. This procedure obviates indiscriminate juggling of the Stock Record balances and will reflect any carelessness or negligence in the handling of supplies.

d. Issue and delivery of supplies will be governed by the following:

(1) All Property Issue Slips for weekly requisition of supplies must be in the Medical Supply Office by 1200 Saturday of each week. Issue will be made as soon thereafter as practicable.

(2) Departments will be notified when their supplies are ready for issue, and upon such notification, it will become the responsibility of the department head to send someone to the Medical Supply Issue Department to pick up the items. If such items are not called for within three days, they will be returned to the shelves and the items will be re-ordered the following week.

(3) Emergency requisitioning of supplies between issue days will be kept to a minimum and will be issued in cases of actual emergency. The basis for the emergency will be stated on the face of the Form 446. The Medical Supply Officer will turn down such requests in which no apparent emergency exists.

e. Any person other than the medical supply officer having medical equipment sent to a repair shop or purchasing medical supplies will have the cost, if any, charged against their accounts.

f. Any request for a non-standard item will be submitted to the medical supply officer in letter form, stating the need, amount, and manufacturer or item requested. This request must reach the medical supply officer before or on the first of each month.

g. An exact and controlled procedure of keeping records is essential to intelligent requisitioning and the assurance that supplies are maintained at a constant level.

h. A detailed outline of the duties of the medical supply personnel is not set forth since familiarization of the medical supply officer with the references listed in paragraph a will enable him to adapt his operation to existing conditions overseas. Fiscal duties will vary with local conditions.

M E S S

1. BIVOUAC

a. The kitchens will be situated on high ground with the best natural drainage, and if necessary, ditched to insure proper drainage.

b. The kitchen fly, supply tent, water trailers, and water cans will be completely camouflaged. All metal utensils and containers will be placed so as to not reflect light. It will not always be necessary to use tent poles to erect the kitchen flies. Better results at camouflage are often obtained by using trees and natural foliage to support the fly. This helps to break up straight lines that one ordinarily has with a tightly stretched tent.

c. Ranges will be set level and properly cleaned after each meal.

(1) The fire unit should be cleaned outside the kitchen and care should be taken to keep unit off the ground by using parallel posts or runners.

(2) Dirty filter discs should be disposed of with other trash and not left in tool kit.

(3) Gas cans will be placed in a trench at least 30 feet from the kitchen as a safety precaution. All kitchen personnel will know its location. The fire unit will always be carried near the place where the cans are kept for refilling. The trench should be walled with dirt to prevent water from draining into it and a tarpaulin stretched over the entire group of cans with a central supporting pole to lift the tarpaulin about one foot above the cans to provide ventilation.

d. The ground in the kitchen should be lightly sprayed with oil to keep down dust, tend to eliminate flies, and other insects.

e. The fly spray and sprayer will be used in and around the kitchen as often as necessary to keep down flies.

f. Each kitchen will have a wash stand conveniently located or near the kitchen with two containers for washing; one for washing with soap and water, and the other to contain a cresol rinse of one (1) GI mess kit spoon of cresol to one (1) quart of water.

2. GENERAL

a. The cafeteria style of messing will be used on bivouac and in the barracks. After the officers and nurses have arrived it may be found possible to give table service to the officer patients mess at which the duty officers will be subsisted.

b. Ordinarily the hours for messing will be:

Breakfast.....0630 - 0730
Dinner.....1130 - 1300
Supper.....1630 - 1800
Night Shift.....2330 - 0100
(Enlisted men at.....2330)

c. No rebates will be made for meals served Officers of the Day.

d. The nurses and Officers of the Day will eat in the detachment mess at the midnight meal.

e. Officers on leave will not be charged for meals if leave is longer than one day and the officer has given the mess sergeant three days notice of departure date.

3. HEAD DIETITIAN, (IF PRESENT) RESPONSIBLE FOR:

a. Food service to all patients and others messing at the hospital.

b. Submission of menus of patients to mess officer for approval.

c. Supervision of dietitians.

d. Recommendations as to purchase of food supplies and mess equipment to mess officer.

4. KITCHEN WASTES, LIQUID

a. Soakage pits

(1) If the operation is to be for more than one week, two soakage pits should be dug at each kitchen for use on alternate days.

(2) In ordinary soil the cross-trench soakage pit will be used. However, when the first foot or so of soil is underlaid with gravel, the 4 x 4 x 4 pit may be used.

(3) Soakage pits should not be covered with soil or fine sand. The top inch or two should be of fine gravel (1/4 inch to 1 inch diameter)

(4) Do not oil soakage pits. If flies are attracted, spray occasionally with fly spray or use fly traps nearby.

(5) Do not cover soakage pits with dirt when leaving camp--flies will not ordinarily breed in such places if properly constructed and used.

b. Grease Traps

(1) An improvised grease trap should be constructed while in garrison for use in the field.

(2) Baffle-type grease traps, when absolutely watertight, are preferable. Their capacity should be at least 30 gallons and preferably 50 gallons.

(3) A food strainer (burlap, screen, etc) should be used with the baffle type grease trap and will be cleaned after every meal.

(4) Pail-straw grease traps, to be satisfactory, should have a surface area of at least 2 square feet (container $1\frac{1}{2}$ feet in diameter) and should contain at least 12 inches of straw, grass, leaves, etc., finely chopped. Better filtration can be obtained by putting about 3 inches of coarse sand in addition to the 12 inches of filter material.

(5) Liquids should be cooled before pouring through trap.

(6) Pour all greasy and soapy liquids (including mess gear wash water) through grease trap, skimming as much grease as possible off the surface beforehand.

(7) Grease traps will be skimmed as necessary and grease salvaged.

(8) Filler material (grass, leaves, etc.) will be removed, burned and replaced after every meal.

(9) Grease trap will be drained and scrubbed at least weekly to prevent a nuisance.

5. KITCHEN WASTES, SOLID

a. Garbage should preferably be burned in an incinerator of the barrel-trench type or inclined plane where practicable.

b. All garbage should be drained before burning.

c. Ashes and unburnable material will be buried.

d. A garbage pit is satisfactory if wastes are kept covered with dirt and oiled lightly every day to prevent fly-breeding.

e. If possible, all burnables will be burned; otherwise, all space-consuming articles such as boxes, etc., will be flattened before throwing into pit.

f. Pits will be closed when within 2 feet of surface and oiled before closing. Dirt will be tamped and mounded.

g. Pit marked with sign giving type of installation and date of closure only.

6. MESS OFFICER, RESPONSIBLE FOR

- a. Sanitary inspections of kitchens.
- b. Making arrangements for examination of food handlers (AR 40-205, par 13)
- c. The rotation of shifts (through mess sergeant).
- d. The posting of necessary reports and directives concerning mess.
- e. Approval of and signing the menu for each day, initialing any change thereto and distribution and posting of menus to the commanding officer, all mess halls and all kitchens and wards.
- f. Waste disposal and construction of necessary aids thereto.
- g. Detailing of night cooks (through mess sergeant) for duty at hospital from 1800 to 0430 hours.
- h. Training
 - (1) In the various types of ranges and repair.
 - (2) Diets
 - (3) Basics desiring to become cooks.
 - (4) Mess sergeant to be trained in all duties of mess officer.
- i. Procurement of water for the mess (in field)
- j. Property pertaining to mess and its maintenance.
- k. Proper records of breakage, statement of charges and exchange of property.
- l. Submission to unit supply officer weekly requisition for such supplies as soap, insecticides, etc.
- m. Inspection to see that mess gear is properly cleaned.
- n. Observation to prevent wastage of food. See that soldiers do not take excess food they will not eat. Warning and disciplinary measures as necessary.
- o. He will see that the following records are maintained;

- (1) Stock cards

For all articles in stock. Cards are prepared and purchases and issues are noted thereon.

- (2) Inventory List

The inventory list is completely itemized to show all articles of food remaining on hand in the storeroom at the end of each month together with the money value and total cost.

(3) Monthly Statement of Cost

In this book are recorded the cost of operating each mess, the total number fed during the month and the cost per capita.

(4) Bills of Fare or Menus.

These are prepared daily. Signed copies are furnished the commanding officer, wards, kitchens, and dining rooms.

(5) Mess Account

Daily transactions of the mess are accounted for on mess accounts (WDMD Form No. 74) for each mess and consolidated account is kept on this form for the entire mess department.

(6) Post Hospital Fund

If designated as custodian by commanding officer of the hospital.

(7) Hospital Subsistence Account

As custodian of account.

(8) File of Patients Receipts

A duplicate of receipts furnished all pay patients upon payment of their accounts.

(9) Cash Book

A cash book is kept of all cash receipts and shows the source and disposition.

(10) Record of Pay Patients.

A card is kept for each pay patient in the hospital showing name, status, date of admission, date of discharge, rates of charges per day, date payment for subsistence and medicine was made, and the amounts for subsistence and medicine separately. This record is maintained in two files:

(a) A file of patients in the hospital and unpaid accounts.

(b) A file consisting of those discharged from the hospital and accounts paid.

(11) Records of Durable Property

All durable property belonging to the Post Hospital Fund is entered on Stock Record Cards (WD QMC Form 424) showing the date, voucher number and quantity. A memorandum receipt is prepared by the mess officer and signed by the person holding the property and filed with the stock record cards. An abstract of these receipts is kept on Account of Property on Memorandum Receipt (WD QMC Form No. 488) showing location of each article of durable property. Transfers of responsibility are made whenever custody of the property changes.

(12) Bank Accounts

The bank accounts of the Post Hospital Fund and the Hospital Subsistence Fund comprises deposit books, canceled checks, retained stubs, and bank statement.

(13) Standard Form No. 1044 (Schedule of Collections made out for medicine charges from civilians and disposed of as described in paragraph 12b (2) and 17c (3) AR 40-590.

p. Purchase and payment for all food supplies required for the messes and not furnished as an automatic issue as field rations.

7. MESS SERGEANT, RESPONSIBLE FOR

Filing of ration returns with the first sergeant.

8. MISCELLANEOUS

a. Mess lines will be formed under cover of trees or brush, in groups not larger than a squad, and not in one continuous line. Men will be instructed not to eat in the open and not to permit their mess gear to reflect light.

b. Kitchen personnel will shave daily in the field, keep fingernails short and clean at all times. Cresol solution will be used frequently by all personnel handling food. Cooks will wear clean fatigues at all times.

c. If no other type is available, underground ice boxes should be constructed immediately upon arrival in bivouac to care for perishable food. The boxes may be a collapsible type or made from material at hand and holes drilled in the bottom. A soakage pit should be constructed under the ice boxes to insure proper drainage. Top of boxes should extend from two to four inches above the ground to keep dirt from sifting in. (See FM 8-40).

(1) Ice will be covered at all times, including while in transit, and conserved to the limit. Ice for preservation of meats and perishable foods will not be sacrificed for use in making cold drinks

and ice water when a shortage exists. Exceptional care should be exercised so that only clean ice is used in drinks.

(2) All perishable and left-over foods should be placed in ice boxes and kept well covered.

d. Tin cans will be prepared for salvage and returned to garrison for collections when practicable.

(1) Empty "C" or "K" ration cans will not be collected.

(2) Under no consideration will cans be strewn over the ground. They will be properly buried if not returned to salvage.

9. PERSONNEL

The aggregate mess personnel for the General Hospital will consist of:

Captain, MAC - Mess Officer.....	1
T/Sgt - Mess Sergeant.....	1
S/Sgt - Mess Sergeant.....	2
Sgt - Mess Sergeant.....	2
T-4 - Baker.....	1
T-5 - Baker.....	2
Pvt or Pfc - Baker.....	2
T-4 - Cooks.....	14
T-5 - Cooks.....	14
Pvt or Pfc - Cooks Helpers.....	18

There may be in addition to the above:

1st Lt - Head Dietitian.....	1
2nd Lt - Dietitians.....	2

T/O 8-550, 3 July 1944, also makes mention of a Mess Team #1, type AH, T/O & E 8-550 which may be attached to appropriate hospital prior to overseas movement when requested by theater commander and approved by War Department.

10. RECORDS

The following records will be kept posted in the dining area or mess halls where all personnel will have access to them;

- a. Menus and changes thereto
- b. Examination reports on food handlers
- c. Sanitary regulations pertaining to mess
- d. Other notices concerning mess

11. SUPPLY

a. Supply tent or supply trailer will be located close to the kitchen to eliminate excess walking for the cooks and make it more easily watched.

(1) All supplies will be kept covered and off the ground.

(2) Bread will be kept in a mattress cover and hung off the ground or in a screened box and kept off the ground, preferably suspended.

b. No personal equipment will be kept in supply tent or trailer.

c. The tent or trailer will be closed, kept clean and free of flies.

d. Weekly requisition to supply officer for supplies.

12. WATER, CHLORINATION OF

Mess personnel will be responsible for the proper chlorination of all water used by patients and at the messes. The detachment, however, will be responsible for the chlorination of water in the detachment area.

GENERAL NOTES ON
OPERATION OF MESS

The following extract of AR's, WD Circulars, TM's, etc. will govern the operation of messes in general hospitals.

1. BILLS OF FARE AND DIET CARDS

AR 40-590, par 16, f. Bills of fare and diet cards

(2) The ward officer, head nurse, or dietitian when assigned to the ward, will fill out and sign daily WD MD Form No. 73 (Diet Card) covering the diet requirements of the ward patients for the ensuing 24 hours. Diet cards for newly admitted patients will immediately be made out and sent to the dietitian or noncommissioned officer in charge of the mess. The diet cards will be salvaged after they have served their purpose.

2. COMMANDING OFFICER, DUTIES OF

a. AR 40-590, par 2, c. Duty Personnel

The commanding officer of the hospital will assign all hospital duty personnel to appropriate duties and will cause them to be reported on the proper returns in the capacity in which they are serving. The entire hospital personnel will be responsible to such commanding officer in the proper performance of their duties, and he will prescribe and enforce proper regulations as to the administrative, sanitary, disciplinary, training, and other requirements of the hospital. All hospital duty personnel will be commanded by the commanding officer of the hospital or one of his commissioned assistants, as detachment or squadron commander.

b. AR 40-590, par 2, f. Use of Hospital Buildings

(1) The commanding officer of a hospital will be responsible that no portion of the hospital buildings is occupied as quarters or used for maintaining a mess, except for patients, personnel (including civilian employees) on duty thereat, or such persons as may be authorized by the station commander and upon recommendation of the commanding officer of a hospital, due to lack of available civilian facilities.

c. AR 40-590, par 2, d. Inspections

The commanding officer will inspect or direct the inspection of the hospital daily, and once each week will inspect or cause to be inspected all personnel on duty at the hospital.

3. DIET KITCHENS

AR 40-590, par 16, a. General

(5) Rules for the management of diet kitchens will be prescribed by the commanding officer of the hospital according to the particular needs of each case.

4. FOOD HANDLERS

a. AR 40-205, par 13, c. Persons to be examined.

All prospective permanent food handlers and permanent food handlers as specified in b above will be required to undergo the examinations as prescribed in d below.

b. AR 40-205, par 13, d. Procedure for examinations.

Unit commanders, officers in charge of bakeries and of special messes, officers in command of hospitals, quartermaster, exchange officers, and others concerned will report in writing each month to the surgeon the names of all prospective permanent food handlers under their jurisdiction. The station or organization surgeon will take the necessary steps to have these men examined, will keep a permanent record thereof, and will report the results of the examination to the organization commander without delay, recommending immediate relief to those found unsuitable for the work.

c. AR 40-205, par 13, e. Standards of examinations.

(1) The standards of the examinations required above will be freedom from:

(a) Infectious lesions of venereal disease. Serological tests not required for this examination.

(b) Evidences of acute and chronic inflammatory condition of the respiratory tract.

(2) Freedom of the stools and urine from the causative organisms of intestinal diseases will be determined when deemed desirable by the surgeon of the station or command or when the medical history indicates that the examinee may be a carrier of such organisms.

5. FOOD, SERVING OF

TM 10-405, par 75, a. General

Under the direction of the mess sergeant, the senior cook on duty is responsible for the service of meals; that is, that foods are ready at the proper time and placed on serving dishes in an attractive manner.

It is of little use to exercise great care in cooking a food if it is to be sent to the mess table presenting an unattractive appearance. On the other hand, the plainest foods become appealing when served in an attractive manner. Many men will eat an attractively served plain food which they would not eat if served in an ordinary manner. Therefore, every cook should know how to serve attractively.

6. FUNDS

a. WD Cir 219, par 3, Limitations on Net Working Capital of Welfare Funds. (1944)

a. In accordance with the provisions of AR 210-50 the net working capital of the following non-appropriated welfare funds as of the last day of each month will be limited to the following amounts based upon strength:

- (1) Central post funds - \$1 per man
- (2) Post hospital funds - \$3 per authorized bed

b. On or before the 25th day of each month beginning with July 1944 all cash and securities in welfare funds mentioned in a above as of the last day of the preceding month in excess of the prescribed limitations will be forwarded:

(1) In the case of central post funds, by check payable, to the Army Central Welfare Fund, 25 West 43rd St., New York 18, N.Y.

(2) In the case of post hospital funds, by check payable to the Central Hospital Fund, Office of the Surgeon General, War Department, Washington 25, D. C.

b. WD Cir 219, par 4. Limitations on Distributions to Welfare Funds.

a. At an installation, post trust fund will be the only welfare fund which will receive initially dividends or payments from revenue producing activities. See AR 210-50.

b. No distributions will be made by post trust funds to central post funds which will have the effect of causing such funds to exceed the limitations prescribed in paragraph 3a.

c. No additional funds will be paid into unit funds as defined in AR 210-50 which have net working capital (see par 5) of \$3 per man as of the last day of the preceding month nor will any amount be paid into such funds which would cause such funds to exceed that limit.

d. Amounts may not be paid into post welfare funds (other than the post trust fund and the post hospital fund) in excess of the following limitations based upon strength as of the last day of the preceding month:

- (1) Central post funds - 50 cents per man per month.
- (2) Unit funds - 50 cents per man per month.
- (3) Headquarters funds of highest independent organized units at an installation - 10 cents per man per month.

c. WD Cir 219, par 5. Reports

Custodians of all welfare funds as defined in AR 210-50, specified in b below will prepare reports of the status of such funds as of the last day of each month.

(a) Such reports will show for each fund:

- (1) Total amount of cash and securities.
- (2) Total liabilities.
- (3) Net working capital, the difference between (1) and (2) above.
- (4) Strength of the unit or activity.
- (5) Average amount of working capital per unit of strength, (3) above divided by (4) above.

(b) Strength is defined as follows:

- (1) For post hospital funds - the number of authorized beds.
- (2) For central post funds - the number of enlisted men present and on duty (see par 8 b) (2) (d) and (e), AR 210-50.
- (3) For headquarters and unit funds - the number of enlisted men present and on duty.

(c) Such monthly reports will be prepared and distributed not later than the 15th day of each month as follows:

- (1) One copy of headquarters and unit fund reports to the custodian of the post trust fund.
- (2) Two copies of reports of welfare funds (other than post hospital unit, and headquarters funds) to the post commander. Commanders of class I, II, or IV installations will forward a copy to the commanding generals of the service commands; commanders of class III posts will forward a copy to the appropriate air force commander.
- (3) Two copies of the post hospital fund report to the commanding general of the service command who in turn will forward one copy to the Surgeon General.

(d) WD Cir 219, II Central Hospital Fund and Post Hospital Funds.

The financing of welfare activities (as defined in AR 210-50) at hospitals has been separated from the financing of subsistence activities. The following steps will be taken by the Surgeon General, the senior medical officer at posts, and the custodians of post hospital funds and the central hospital fund.

1. In accordance with the provisions of Circular No. 218, War Department, 1944, which change AR 40-590, all existing post hospital funds will on or before 30 June 1944 be divided into:

a. A hospital subsistence account which will be employed for financing all subsistence activities.

b. A post hospital fund which will be employed for financing all welfare activities for patients.

2. In accordance with the new procedure established in Circular No. 218, War Department, 1944, which changes AR 40-590 and in AR 210-50, the net working capital in the hospital subsistence account is limited to \$18 per authorized bed. As of the end of each month the excess over such net working capital will be transferred to the central hospital fund.

3. The central hospital fund may make loans or grants to hospital subsistence accounts where net working capital is inadequate. The central hospital fund may make grants to post hospital funds under similar circumstances.

4. The Surgeon General is further authorized to direct transfers of working capital in hospital subsistence accounts or in post hospital funds where, in his opinion the net working capital is in excess of current requirements, even though the amount of such net working capital is within the limitations prescribed above. Procedure will be as follows:

a. The Surgeon General may direct the transfer from a hospital subsistence account to a post hospital fund of amounts of working capital determined by him to be in excess of the requirements of such hospital subsistence account.

b. The Surgeon General may independently direct the transfer from a post hospital fund to the central hospital fund of amounts determined by him to be in excess of current requirements.

5. Funds will not be transferred from post hospital funds to hospital subsistence accounts.

6. Subsequent to 30 June 1944 funds of hospital subsistence accounts and of post hospital funds will not be invested in securities. Prior to that date steps will be taken to convert current investments into cash and no further investments in securities of the United States Government will be made.

7. At general hospitals there will be a central post fund and a post hospital fund, which will be administered in accordance with the provisions of AR 210-50 and this circular (WD Cir 219, 1944)

8. Units or detachments stationed at hospitals may establish unit or detachment funds separate from the post hospital fund.

7. HOSPITAL SUBSISTENCE ACCOUNT

a. WD Cir 218, 1944. Establishment

There shall be established for each Army Hospital, fixed or mobile (including those temporarily constitute in the field and including convalescent and reconditioning centers), when actually functioning as such, a hospital subsistence account to handle financial transactions pertaining to all messes operated under authority of the commanding officer of such hospital.

b. WD Cir 218, 1944. Receipts

Receipts of the hospital subsistence accounts shall consist of:

(1) Rations of persons mentioned in paragraph 11, commuted at rates prescribed from time to time therefor, and the garrison ration for the medical detachment.

(2) Subsistence charges collected from or on account of patients listed in paragraph 12.

(3) Subsistence charges collected from or on account of duty officers and such other persons as may be authorized to subsist at the hospital mess.

(4) Grants and loans from the Central Hospital Fund.

c. WD Cir 218, 1944. Disbursements.

Payments from the hospital subsistence account shall consist of disbursements to:

(1) The quartermaster sales officer for subsistence supplies.

(2) Other suppliers of subsistence supplies.

(3) The quartermaster for the value of rations furnished to patients from whom subsistence charges have been collected by the hospital under paragraph 12.

(5) The Central Hospital Fund in repayment of loans.

(6) The Central Hospital Fund pursuant to instructions of The Surgeon General.

(7) The Post Hospital Fund monthly pursuant to d below (excessive working capital).

d. WD Cir 218, 1944. Net Working Capital of Hospital Subsistence Account

The amount by which its total of cash, food inventory, and accounts receivable exceeds its accounts payable shall be the net working capital of the hospital subsistence account. The net working capital of the hospital subsistence account shall be limited to an amount determined by multiplying its authorized bed capacity by an amount determined from time to time by the War Department. As of the end of each month, the custodian of the hospital subsistence account shall determine its net working capital and any excess over such limit shall be paid to post hospital fund by the 20th day of the following month.

e. WD Cir 218, 1944. Hospital Subsistence Account Council

The commanding officer of each such Army hospital shall appoint a hospital subsistence account council.

f. WD Cir 218, 1944. Appointment of Custodian of Hospital Subsistence Account.

The custodian shall administer the account with the advice of the council.

g. WD Cir 218, 1944. Abandonment of Hospital

On the abandonment or inactivation of such hospital, all debts will be paid, all accounts receivable will be collected so far as possible, and all subsistence supplies which cannot be returned to the quartermaster sales officer will be disposed of to other organizations on the post. The proceeds of this sale, together with all other cash, and uncollected accounts receivable will be transferred or assigned to the Central Hospital Fund. If any hospital is inactivated or abandoned without provisions having been made for the disposition or continued use of its hospital subsistence account, the custodian of the Central Hospital Fund may take such action to liquidate such hospital subsistence account as the custodian thereof himself might have taken.

h. WD Cir 218, 1944. Administration of Hospital Subsistence Account--General Provisions.

The following paragraphs of AR 210-50 shall apply to hospital subsistence accounts with appropriate changes in context wherever necessary:

Paragraph 16a, Duties of custodians

16b, Absence of custodians, except that the memorandum receipt required of substitute custodians need not include the inventory of subsistence supplies.

17b, Bank deposits

17d, Surety bonds

17e, Loss of funds

19b, Transfers of funds to successor custodians--
general.

21, Accounting; with the following exceptions with respect to the subparagraphs indicated:

a (2) The system of accounts and records for hospital subsistence accounts will be prescribed by the Fiscal Director, Army Service Forces.

c Accounts of mobile hospital units need not be closed when a unit changes station.

d (1) A memorandum evidencing a transaction not made by voucher, need be signed only by the custodian of a hospital subsistence account.

24, Councils

26, Inspections

i. WD Cir 218, 1944 Monthly Reports of Hospital Subsistence Accounts

Reports of hospital subsistence accounts will be prepared by the custodians monthly as of the last day of the preceding month. Such reports will show the AMOUNT OF CASH, INVENTORIES OF SUBSISTENCE SUPPLIES, ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE, AND NET WORKING CAPITAL OF THE ACCOUNT, THE AUTHORIZED BED CAPACITY of the hospital to which the account pertains, THE VALUE OF THE WORKING CAPITAL PER BED OF AUTHORIZED BED CAPACITY, AND ANY OTHER INFORMATION AS THE SURGEON GENERAL MAY REQUIRE. Reports will be forwarded in duplicate to the commanding general of the appropriate service command who will forward one copy to The Surgeon General.

j. WD Cir 218, 1944. Audits of Hospital Subsistence Account

Hospital subsistence accounts will be audited monthly by the hospital subsistence account councils, and semiannually by the commanding generals of service commands through the fiscal directors of the service commands.

k. WD Cir 218, 1944. Other funds and value of rations for patients.

For provisions concerning post hospital funds, unit funds for medical detachments at hospitals, and the right of post surgeons at hospitals to request the council of the central post fund to authorize procurement of equipment or services for welfare activities at the hospital; see AR 210-50.

2. Except in paragraph 8c (2), (b), AR 40-590, all references in those regulations to the "hospital fund" will be deemed to refer to the "hospital subsistence account."

3. Between 1 July 1944, and 31 December 1944 within the continental limits of the United States the ration of patients enumerated in paragraph 11a, AR 40-590, will be commuted at 75 cents per day (90 cents per

day for tuberculosis patients), replacing the present 150 percent and 190 per cent of ration value, respectively.

1. AR 40-590, par 12, 29 August 1944. Subsistence and Other Charges for Patients.

See above reference

8. MESS MANAGEMENT

- a. AR 40-590, par 16, a. General

(1) The provisions of regulations relating to organization messes will be applied, as far as they are adaptable, to hospital messes (See AR 210-60)

(3) When, under the conditions usually prevailing at any station or with any command, the commutation of the rations of the patients in hospital would not be sufficient for the purchase of suitable food, the commanding officer of the hospital should make application through military channels to The Adjutant General for the issue of rations in kind.

(4) For methods of preparing food for patients and personnel, reference should be had to standard handbooks on the subject and particularly to TM 10-405, 10-410, 10-205, 10-406, 8-500, and 8-260.

- b. AR 40-590, par 16, b. Supervision by the Commanding Officer

The commanding officer of the hospital will constantly supervise the messes and will exercise every precaution to prevent waste and misuse. He will use the utmost care when assigning personnel to mess management to assign only those of known probity and good habits. He will require all bills to be settled promptly at the end of every month. At large hospitals, he may place the messes under the direct supervision of a subordinate officer known as the mess officer ; but in all cases, he will by frequent inspections see that waste or wrongful diversion of supplies or funds is not permitted and that the messes are so managed that neither patients nor personnel will have just grounds of complaint over the quality or quantity of their food.

9. NONCOMMISSIONED OFFICERS, DUTIES OF

- a. AR 40-590, par 16, d. Noncommissioned officers to be in immediate charge.

(1) Each hospital mess will be placed under the immediate charge of a competent noncommissioned officer. It will be his duty to receive and care for all articles of food for the mess, and he will be held responsible for their proper use. He should be provided with a suitable storeroom guarded by locks and keys, and with suitable means for preserving perishable foods. He will issue to the kitchen daily

the articles required for the necessary diets, or otherwise authorized. When the Medical Department dietitian is on duty in the mess, the non-commissioned officer in charge will see that the food is prepared as indicated on the diet cards and be responsible for the proper and timely serving of food both in the messroom and in the wards. He will keep such records of his receipts and issues of articles of food as may be directed by the commanding officer of the hospital or by higher authority. Appropriate stock records of perishable and non-perishable foods will be kept to insure that all costs are properly accounted for. He will be responsible for the orderliness and cleanliness of the messroom, kitchen, and storeroom, and for the cleanliness of cooking utensils and linen used in preparing, preserving, and serving food. Utensils and table linen used for patients with communicable diseases will be disinfected promptly after being used and before their return to the storerooms. A sufficient number of assistants will be provided to assure efficient performance of these duties.

b. AR 40-590, par 16, e.

A mess account on a form prescribed by current directives will be kept by the noncommissioned officer in charge. Where there is more than one mess, this account will be the consolidated account for the entire hospital and will be kept by the mess officer. The mess account will be filed at the end of each month with the papers for that month retained by the custodian of the hospital subsistence account. The commanding officer of the hospital will inspect this record at frequent intervals to keep constantly informed on the status of the mess account. Abnormal gains or continual losses will be carefully investigated. Where there is more than one mess, the commanding officer is responsible that the amount of food issued to each mess bears a reasonable relation to the number and condition of persons subsisted therein and, in discharging this responsibility, will in his discretion require such detailed records as to operation of each mess as may be necessary for proper administration.

c. AR 40-205, par 14, Cleanliness of Kitchens, Mess Halls, and Bakeries.

Scrupulous cleanliness will be observed in all rooms used for the cooking and serving of food. All men on duty in such places will be required to bathe frequently and to wear clean clothing, the outer clothing, whenever practicable, to be of white material. Their hands will be inspected before going on duty to determine that they are clean and that the nails are trimmed short and are free from dirt. All rooms used for the above purposes will be securely screened, and special efforts will be made to insure that screen doors and windows fit properly and that the former open outward and close automatically. Screen doors will not be allowed to stand open or partly open. Flies, roaches, and ants will be eliminated so far as possible. All food receptacles, dishes and tableware will be protected from insects. All food materials will be protected from dust. Ice boxes or refrigerators will be

kept elevated at such a height above the floor as will permit inspection and cleansing underneath. The interior of ice boxes and refrigerators will be kept scrupulously clean. The maximum permissible temperature for mechanical refrigerators will be 42° F and for ice boxes 50° F.

10. PAY, EXTRA, FOR CERTAIN ENLISTED MEN

WD Cir 218, 1944. Disbursements

(4) Enlisted men as compensation for services rendered as mess stewards or for other services in connection with mess activities performed in addition to their regular duties, and to civilians for similar services; provided that the rate of such payments shall in each instance be approved by the hospital subsistence account council, but in no event shall an enlisted man be paid such compensation in excess of 50 per cent of his base pay.

11. PROPERTY, MEDICAL DEPARTMENT, USE AND CARE OF

AR 40-1705, par 6, b. Disposition of Unserviceable Property

Unserviceable property will be disposed of in accordance with the provisions of AR 20-35 and 35-6640.

12. UTENSILS, TABLEWARE, MESS KITS, ETC.

a. AR 35-6620, ch 9, par 3, Tableware and Kitchen Utensils

Loss through breakage, not due to carelessness, of chinaware and glassware may be replaced at public expense on proper requisition provided it does not exceed 5 per cent per quarter of the total value of chinaware and glassware to which the mess is entitled, excepting on Army Mine Planters and on Army Air Forces crash boats where the quarterly allowance will not exceed 20 per cent of the total value of chinaware and glassware to which the mess is entitled, calculated on the basis of authorized strength of the organization or organizations comprising the mess, including enlisted men or general prisoners permanently attached for rations. When necessary to draw additional chinaware and glassware for use of men temporarily attached for rations, the breakage allowance for temporary issue will be calculated on the quantity so drawn for the period for which required. The value will be determined by the prices given in the annual price list (AR 30-3010.) Organizations which have had issued to them, and are using unbreakable tableware, such as enamelware, will not be allowed a breakage allowance for such articles. It is not the intent of this paragraph to authorize the quarterly issue of the full 5 per cent breakage allowance. It is understood to cover only actual breakage (not due to fault or neglect), but not to exceed 5 per cent for all messes excepting messes on Army Mine Planters and on Army Air Forces crash boats where it will not exceed 20 per cent. Commanding officers of posts and of all organizations supplied with tableware and kitchen utensils will exercise rigid supervision and

economy in the care and preservation of all such articles, and any lost, destroyed, damaged, or broken through carelessness will be charged against the person or persons responsible, as prescribed in AR 35-6640. In case of charge against an enlisted man, WD AGO Form No. 36, (Statement of Charges) will be prepared, and if replacement of the article so charged is desired, the statement of charges will be filed with stock record account as authority for dropping the articles issued replacement. Requisitions for breakage will be submitted not later than the last day of the month following the close of the quarter for which replacement is requested. Breakage allowance must be claimed each quarter or when responsible officers are relieved, and then only for the proportionate share of the quarter involved.

b. AR 40-205, par 15, Cleansing of Cooking Utensils, Mess Kits, Etc.

a. Articles included. All references to dishes and mess kits will include cups, saucers, drinking glasses, platters, plates, vegetable dishes, pitchers, mess kits, knives, forks, spoons, and other similar utensils.

b. Assembled dishes, etc. When it is practicable to assemble the mess equipment of a company or detachment or when dishes other than the mess equipment are used, all such equipment or dishes will be thoroughly washed and disinfected immediately after each meal by one of the following methods (dish towels will not be used for drying):

(1) By dishwashing machines in which the washing period is not less than 40 seconds, with the temperature of the washwater held at 140° F. or higher. This must be followed by rinsing for 20 seconds with the water at a temperature not less than 180°.

(3) In the event that suitable and adequate amounts of hot water cannot be obtained to carry out the provisions of (1) or (2) above, the following procedure may be used: Dishes having been cleaned by washing and rinsing in hot water to remove the soap or detergent will be immersed for not less than 30 seconds in a chlorine solution containing at least 50 parts per million of free chlorine. The concentration can be determined by the use of chlorine test papers as supplied by the quartermaster.

c. Mess Kits. When the cleansing of mess kits by each individual soldier is necessary, three suitable containers provided with the M-37 field range or such galvanized iron cans or tin boilers will be provided. The first receptacle will contain hot soapy water; clear rinse water contained in the second and third will be kept actually boiling during the entire period it is being used. Each soldier will clean his mess kit by scraping with his spoon the residual food into a garbage can or other suitable receptacle, then carefully washing the equipment, using the long-handled brushes provided, in the first receptacle of soapy water, rinsing it in the second and third recep-

tacles of clear boiling water. After the final rinsing in boiling water, the equipment will be well-shaken and air-dried. Dish towels will not be used. Where facilities for adequately heating the water cannot be provided, the rinse water will contain a wetting agent and at least 50 parts per million of available chlorine. Immediately after completing the cleansing of the mess kits each soldier will thoroughly wash his hands.

MOTOR MARCHES

1. ADMINISTRATIVE

a. Command and organization

(1) The column commander will be the senior officer with the column or the person designated by him to exercise command.

(2) The main column will be organized with the slowest vehicles at the head. One maintenance truck will follow at the rear to provide necessary minor repairs--repairs requiring 30 minutes or more will be towed back to hospital or bivouac site.

(3) Each vehicle will carry a driver and assistant driver.

(4) An advance party will be detailed to perform special duties in connection with the march. Advance party includes: Advance Agent or Reconnaissance Officer. He will make all necessary arrangements with civilian authorities, make a reconnaissance of the selected route, make arrangements for bivouacs: Quarters Party. Their mission is to arrange for local purchase of necessary supplies or services (rations, water, bridge tolls, gasoline, oil, etc.) and to locate and lay out bivouac or assembly areas and unloading and parking facilities prior to arrival of the column.

(5) An Operation Officer will handle all operations and control the convoy on the road. He will have charge of all road guides, guards, and markers. He will select sites for halts. He will maintain contact with the convoy commander at all times.

(6) Supply Officer. All duties concerning supplies (loading and unloading, etc.).

(7) Mess Officer. All duties concerning mess

(8) Motor Maintenance Officer. All duties concerning vehicle maintenance.

(9) Medical Officer. All duties concerning the health of the personnel along the route.

(10) One officer may have two or more of the above named duties assigned to him.

b. Type of March

Open column will be maintained on highways; close column with escort through cities. Rate of march and interval between vehicles will be determined by the Control Officer.

c. March Technique

(1) The following march techniques will be adhered to at all times during the march:

(a) Immediate and effective response to all signals and orders.

(b) Strict obedience to traffic regulations, rules of the road, and instructions of traffic personnel.

(c) Effective use of cover, concealment, camouflage, dispersion, blackout precaution, and other protective measures against air, ground, mechanized, or chemical attack.

(d) Prompt relaying of visual signals.

(e) Correct speeds and headways.

(f) Proper care of transport and equipment.

(g) Observance of rules of march hygiene.

(2) Intra-column communication will be maintained by utilizing a jeep.

(3) The Trail Officer, marching at rear of column, will dispatch individual vehicles from the column IP.

(4) To reverse directions mass turn-arounds will be used.

(5) Guards will be posted at least 150 yards from the column at each halt. Their duty will be to slow down traffic, and stop traffic when column is pulling into road.

(6) All vehicles will turn into the road simultaneously when pulling into road from a halt.

(7) Vehicles leaving the convoy because of mechanical difficulty will, after correction, resume their original place in the convoy at the next halt. Sufficient space will be provided at each halt for a missing vehicle to re-enter the convoy.

(8) A halt of 15 minutes will be made at the end of the first hour. Thereafter, a halt of 10 minutes every two hours.

(9) Refueling will be accomplished during halts.

(10) At a halt vehicles will close to within one yard between bumpers (without Personnel) and within a distance of three yards between bumpers with personnel.

d. Entrucking and Detrucking

(1) Entrucking will begin 15 minutes before the prescribed time the column is to pass the IP.

(2) Entrucking and detrucking will begin only on the First Sergeant's command or some NCO designated by him.

(3) The company will be formed in column of two's, counted off into vehicle loads and a truck designated to carry them. They will be marched along side their respective vehicles by a NCO, execute about face and wait for the command "Load Trucks." To detruck the command "Unload Trucks" will be given at which time the men will detruck and form in entrucking formation.

(4) At the halts the men will stay to the right of their own vehicles.

e. Night Marches

(1) Advance reconnaissance will be made, preferably by daylight, prior to the march. Traffic personnel and markers will be posted prior to darkness.

(2) The assistant driver will precede his vehicle on foot while moving in or out of bivouac area.

(3) Control Officer will determine the speed and interval.

(4) Drivers will be changed every two hours.

(5) Command and organization will function same as day march.

2. TACTICAL

a. Command and Organization: See Motor Marches - Administrative

The maintenance truck marching at rear of column will also act as clean-up party. One officer will be assigned to this truck. It will be his responsibility to salvage disabled vehicles and tag permanently disabled vehicles which are abandoned from the column. This tag will indicate the unit and reason for the vehicles unserviceability, and a report will be made to the supply service concerned, stating the location and the general condition of the vehicle.

b. Type of March

The column commander will designate the type of march. His decision will be governed by the tactical situation.

(1) Open Column. See Motor Marches - Administrative

(2) Close Column. This type of movement will be used for short duration only. It will be used when a minimum time of exposure may reduce the chances of discovery and attack. A traffic escort will be used with this type of column. At the halt the distance between bumpers will be approximately one yard, unless the tactical situation prohibits.

(3) Infiltration. This type will be used when the maximum of secrecy, deception, and dispersion as a means of passive protection against enemy observation and attack will be used when there is sufficient

time and road space available. Every driver will be given a strip map and detailed instructions regarding the route of march. Complete operating instruction to include running speed, maximum speed, and restriction on passing will be issued. Vehicles will be dispatched by the dispatcher individually, and therefore will determine headway between vehicles.

c. March Technique

See Motor Marches - Administrative

d. Entrucking and Detrucking: See Motor Marches - Administrative

Both of these procedures will be carried out off the road and as well under cover as the environment permits. Entrucking will be completed while trucks are dispersed in bivouac or assembly areas. Detrucking will utilize the minimum of time and the troops will immediately march off to their respective areas.

e. Protective Measures

(1) All trucks will be camouflaged at halts of more than 15 minutes duration. If possible halts will be made in areas affording natural camouflage.

(2) Movements will be routed over roads which are concealed by natural vegetation if possible.

(3) Blackout restrictions will be adhered to during night marches when there is a possible chance of being observed by the enemy.

(4) An aircraft warning signal will be three blasts of a vehicle horn or whistle. One long blast will be the all-clear signal.

(5) Every means of passive protection will be used including concealment, dispersion, deception, speed.

f. Night Marches: See Motor Marches - Administrative

The above Standing Operating Procedures are subject to modification as the Commanding Officer deems necessary.

Note: See Administrative Check List - Motor Section

MOTOR SECTION

1. ABUSES

Common abuses are:

- a. Careless or negligent operation.
- b. Excessive speeds.
- c. Improper use of controls, especially brakes.
- d. Racing of engines and insufficient warming up before operation of vehicle.
- e. Over-loading and improper loading.
- f. Lack of lubrication.
- g. Improper inflation of tires.
- h. Lack of proper inspection.
- i. improper servicing and adjusting.
- j. Improper training of personnel.
- k. Continuous operation of a vehicle needing repair or adjustment.

2. ACCIDENTS AND ACCIDENT INVESTIGATION

a. In case of any accident involving government motor vehicle, the driver will as early as possible make out a copy of Standard Form #26. This completed form is his written report to his commanding officer. He will make an immediate telephone report to his commanding officer as soon as it is possible to reach a telephone.

b. Upon receipt of Form #26, it is carried to the Adjutant who under provisions of AR 850-15, par 18 and 37c, refers the Form #26 by first indorsement to an investigating officer or to a permanent investigating board of three members. The decision as to the investigation rests with the Regimental Commander who may require investigation by one investigating officer or by the permanent investigation board of three members or by both of these investigating agencies if he deems such action advisable. In many accidents two distinct features are involved; namely, damage to property and injury to personnel.

c. The investigating officer or board as decided upon by the Regimental commanding officer will visit the scene of the accident, taking if possible the driver of the government vehicle, and will draw a sketch of the scene of the accident. In case another vehicle was involved, the sketch will show the position of the vehicles before and after the accident. An affidavit is secured from the driver of the government vehicle and from the driver of any other vehicle involved. In case of a passenger or passengers in any vehicles involved, sworn statements are secured and likewise sworn statements are secured from Medical Officer attendants or civilian physician attendants. The driver's commanding officer is then interviewed regarding the nature of the mission the driver was engaged in at the time of the accident and the line of duty status of other army personnel if such were passengers.

d. The motor pool is visited to secure an estimate of the cost of damage. The report of survey regarding the nature of the mission and the military personnel involved is completed on WD AGO Form #15 and signed by the company commanding officer. The report of the investigation is then executed on WD AGO Form 39. One original and two certified copies are then submitted to the Regimental Adjutant and is given to the Regimental Commanding Officer who signifies his approval or disapproval.

e. The Adjutant then divides report of survey and the supporting documents into three sets as follows:

(1) Set A. Copy of Standard Form No. 26 original of WD Form No. 39, and the original signed copies of all affidavits and exhibits.

(2) Set B. Original of Standard Form No. 26, original of War Department Form No. 39, and certified true copies of all affidavits and exhibits.

(3) Same as Set A.

f. The following distribution is made of these sets:

(1) Set A. Retained by post, camp, or station in case a delayed claim is filed.

(2) Set B. Forwarded through post, camp or station commander to the Commanding General of the service command, thence to Quartermaster General for notation and forwarding to Chief of Finance.

(3) Set C. Forwarded through post, camp, or station commander to the Commanding General of the service command and retained by him.

g. The report of survey, although submitted by the board with the report of investigation, was thereafter handled by the regimental headquarters and disposed of as required by AR 35-6640 or AR 35-7220 or by both.

h. With the action described above, the accident investigating board has completed its function. All action regarding the damaged government property has been properly accomplished.

i. If the owner of any private car involved chooses to make a claim against the government for damages against his vehicle, the proceedings of the board on the claim would have been rendered on WD Form #30 (Proceedings, Board of Officers--Damage Claims). For details of the handling of such cases, see AR 35-7020, AR 35-7030, AR 35-7220, and AR 850-15.

j. The board must determine the answers to the following vital questions:

(1) Was the government vehicle on an official mission? If so, by what authority?

(2) Was the government vehicle operated by a regularly assigned driver who held a permit as an operator of government motor vehicles?

(3) Was the vehicle proceeding at a legal and reasonable rate of speed?

(4) Was it proceeding on the proper side of the road?

(5) What were the conditions as to weather and road which might have had a bearing on the accident?

(6) Was the driver of the government vehicle under the influence of alcohol or narcotics at the time of the accident?

(7) Was the accident due directly or indirectly to the fault or negligence of the driver of the government motor vehicle?

(8) Was the vehicle involved with the government vehicle proceeding at a legal and reasonable speed?

(9) Was the civilian vehicle on the proper side of the road?

(10) Was the driver of the civilian vehicle under the influence of alcohol or narcotics at the time of the accident?

(11) Was the accident the result, in whole or part, of the fault or negligence of the driver of the civilian vehicle or of the mechanical failure of the civilian car?

(12) Were the brakes and lights of both vehicles in good condition and operating properly at the time of the accident?

k. The investigation must be formal in character, and must follow a certain established mode of procedure, as laid down in AR 850-15. Every person concerned should be called upon to testify. The testimony of each should be in a form of a written statement and this written statement must be sworn to before a person competent legally to administer oaths in such cases. Every such statement must show that the person making the statement understands his constitutional right to decline to testify if such testimony will tend to incriminate or degrade him. This can best be made clear by reading AW 24 to each witness before he offers his testimony.

l. The board should in all cases secure from a competent person an estimate of the cost of repairs to the government motor vehicle. In this case, the most logical person to make this estimate is the automotive officer who operates the division motor repair shop.

m. Having examined the testimony of all pertinent witnesses, the board must independently reach its findings of fact. These must be set forth clearly and concisely and must be supported by the preponderance of the evidence. It must then make its recommendations. Such recommendations should, in all cases, be consistent with the findings of fact, which in turn are based on the evidence. In any case in which the recommendations are not consistent with the facts, such discrepancy should be fully explained in the report of the board.

n. Recommendations should be definite as to whether the driver of the government vehicle should be charged with the cost of repairs; also as to whether the driver of the civilian motor car should be called upon to pay for repairs to the government vehicle. The board should also recommend what action, if any, should be taken by the responsible officer on whose account the government motor vehicle is charged; also, whether the government vehicle should be repaired and returned to service.

3. AMBULANCE SERVICE

a. Ambulance service at the hospital is furnished under the direction of the receiving and disposition officer or in his absence the medical Officer of the Day.

b. Ambulances will not be ordered out by noncommissioned officers on duty in the receiving and disposition office without higher authority except in extreme emergency. In such cases report is made to the proper officer at the earliest opportunity.

4. DRIVERS, QUALIFICATION OF

a. After qualification tests are conducted by the motor officer upon men selected as drivers and the man has demonstrated his ability and passed the examination, Motor Vehicle Operator's Permit, WDOO 7360 will be issued by the motor officer. To obtain this permit, individuals must pass the examination, prescribed in FM 25-10, TM 21-300, TM 10-460 and all drivers must be familiar with standard form number 26.

b. While the commanding officer is responsible for the operation of all vehicles of his command, the responsibility is delegated to the motor officer who with the motor sergeant will be responsible for the maintenance of vehicles, for the prevention of accidents and the abuse of vehicles.

5. INSPECTION

First echelon inspection is carried out daily. All vehicles are inspected weekly and after being driven 1000 and 6000 miles.

6. PERSONNEL

Motor Officer - 1st or 2nd Lt, MAC.....1
Motor Sergeant - (813) Staff Sergeant.....1

Mechanic (014), T-4.....1
 Truck Driver, (345), T-5.....4
 Truck Driver, (345).....11
 One truck: 1/4 ton jeep w/trailer will be
 authorized for use of chaplain.
 Ambulance Driver, (699), T-5.....2
 Ambulance Driver, (699).....4
 Ambulance orderly (696).....6

7. REPAIR SUPPLIES

Motor mechanics are authorized each:

a. One tool kit

1 set #1 for second echelon maintenance
 1 set #3 for second echelon maintenance

b. Motor equipment

Tube, flexible nozzle.....1 for each fuel consuming vehicle.
 Goggles, (clear).....1 pair for each motor vehicle driver.
 Goggles, (green pulverized lens).. 1 pair for each motor vehicle driver.

Drum, gasoline.....1 per truck
 Bucket, canvas, water, 18 qt..... 1 for each motor vehicle.
 Extinguisher, fire (engineer equipment).. 1 for each motor vehicle.

Apparatus, decontamination, chemical warfare, 1½ qt...1 for each motor vehicle.

Net, camouflage.....1 for each truck and trailer

Respirator, dust M-2, chemical warfare equipment.....2 for each motor vehicle

8. SAFETY PRECAUTIONS

a. Examinations at stated intervals to determine the driver's knowledge of FM 25-10 and TM 10-460 and Road and Traffic Regulations.

b. Precautions used in parking areas and garages:

(1) All trash such as paper, oily rags and waste will be cleared at least twice daily.

(2) Gasoline will not be used for cleaning purposes.

(3) No smoking signs will be kept posted and no smoking will be allowed within 50 feet of garages, shops and parking areas.

c. Form #48, Drivers' Trip Ticket and MP Service Record and Form #26, Drivers' Report (Accident) are carried by the driver at all times.

9. STANDING OPERATING PROCEDURES

The following Standing Operating Procedures have been set up to expedite the operation and maintenance of vehicles assigned to Numbered General Hospital Motor Sections. The purpose is to utilize effeciently government motor transportation in accordance with existing regulations; to simplify and coordinate all motor vehicle activities in garrison, on marches and in bivouac; to simplify and perfect the training of troops; to promote understanding and teamwork between commander, staff and troops; and to minimize confusion and errors. These procedures will be thoroughly understood by all motor pool personnel and, in addition, all motor officers and noncommissioned officers will have a thorough understanding of the contents of the following publications: AR 850-5, 10, 15, 18, and 20; FM 25-10; TM 9-2810; TM 31-200; TM 21-300; and ASF Cir 199, 30 June 1944.

a. In garrison

(1) Motor vehicles will remain in the motor pool unless properly dispatched on WD Form #48.

(2) No civilian automobiles or automotive equipment will be allowed on the motor pool, nor will government tools and/or accessories be used to repair civilian vehicles.

(3) Smoking is prohibited on the motor pool, in the area 50 feet surrounding the motor pool, in all shops, storehouses and other buildings on the motor pool.

(4) All drivers shall possess and carry with them a properly executed WDOO Form #7360. These permits will be issued only to individuals having successfully completed a practical and written driver's test as prescribed in TM 21-300 as the culmination of a course in Driver Training.

(5) No personal assignments of vehicles will be made except to medical officers on out-patient service.

(6) Motor vehicles will be used only for official business.

(7) Normally, no one shall drive a government motor vehicle except the driver or assistant driver to whom the vehicle has been permanently assigned to drive.

(8) Standard Form #26 and vehicle identification card will be carried in all vehicles at all times and will be completed on the scene at any accident in which the vehicle may become involved.

(9) Traffic regulations of the Camp and State will be observed.

(10) Smoking while driving is prohibited.

(11) Not more than two persons are allowed in the front seat of any vehicle.

(12) Regular, scheduled maintenance will be performed by first and second echelons according to the vehicles manual or TM 9-2810.

(13) Proper lubrication guides will be carried in each vehicle and regular scheduled lubrication will be performed by both first and second echelon.

(14) Tires will be checked daily in the early morning before operation and in no case will tires be bled.

(15) Each driver shall test the springs of his vehicle while loaded to capacity; the distance between spring and ground will be marked on a stick, the stick cut to size, and carried in the vehicle at all times. This will be used to check loads for over-loading and proper load distribution. This gauge will be rechecked for accuracy at least every three months. While the check is being made, the "U" bolts of the loaded truck will be tightened.

(16) All preventive maintenance operations will be supervised by chiefs of sections and motor officers.

b. Motor Convoys

(1) While on convoy, vehicles may be dispatched on a "convoy sheet" showing:

- (a) USA Registration Number
- (b) Driver's name
- (c) Repairs needed
- (d) "Out" Mileage
- (e) "In" Mileage

(2) The lead truck will set the speed of the convoy--normally 25 miles per hour, or any variance thereof, as the situation may require.

(3) In close column, the intervehicular distance will be determined by a speedometer multiple (SM), normally, 2.

(4) Under tactical or simulated tactical situations, open column marches will be employed. The distance between vehicles will be a minimum of .1 mile, both while marching and at halts. At no time will one vehicle approach another closer than 100 yards.

(5) Hand signals will be strictly observed.

(6) Slow speed vehicles will be at the head of the column.

(7) The maintenance truck will be at the rear of the column.

(8) The convoy commander will personally patrol the column.

(9) Guards and guides will be dropped from a guard vehicle which will be not more than one mile in advance of the column. They will be picked up by a guard truck at the rear of the convoy, immediately in front of the maintenance truck.

(10) In the event of absence of guards, normal traffic rules will be observed individually by all vehicles.

(11) Police escorts will be obtained through cities or large towns.

(12) A halt will be taken at the end of the first hour at which time vehicles will be inspected and the guards brought to the front; thereafter, a halt will be called every two hours if the tactical situation permits.

10. VEHICLES, ASSIGNMENT OF

Assignment of vehicles is made by the motor officer. Each vehicle is assigned to a regular driver whose name is placed in the lower right hand corner of the windshield. Tables of experience show that accidents are fewer and maintenance costs reduced when this rule is adhered to and the responsibility of the vehicle directly placed.

11. VEHICLE, MOTOR, AUTHORIZED

Authorized motor vehicles for the 1000 bed fixed General Hospital Unit consist of the following items:

Trailer, 1/4 ton, 2 wheel cargo.....	4
Trailer, 1 ton, 2 wheel cargo.....	2
Trailer, 1 ton, 2 wheel cargo, (water-250 gal).....	2
Trucks, 1/4 ton, 4 x 4.....	6
Trucks, 3/4 ton, 4 x 4 Ambulance.....	6
Trucks, 3/4 ton, 4 x 4, Weapons Carrier.....	1
Trucks, 1 1/2 ton, 6 x 6, Cargo.....	4
Trucks, 2 1/2 ton, 6 x 6, Cargo.....	2
Trucks, 2 1/2 ton, 6 x 6, Dump (Winch).....	1

N A R C O T I C S

1. ISSUE

a. Narcotics will be issued as required only by the written order of proper authority. In places of issue, such as the medical supply storeroom or the pharmacy, issues will ordinarily be made on WD AGO Form 446 or a medical department prescription form. A record of receipt and expenditures of the various preparations and kinds of narcotics will be kept in the manner prescribed below by the medical supply officer and the pharmacy officer. In the hospital wards and clinics where the supply of narcotics is expended by administration to the patient, the records kept, as outlined in paragraph 2 a below, will show by whose order the narcotics were administered, to whom, the amount, the date, and the officers, nurses or ward masters' name who actually gave the prescribed dosage. In the case of the ward master, he must have the prior written authority of the ward surgeon. An officer or army nurse will receive and receipt for all narcotics issued from the medical supply or pharmacy.

b. Issues from the medical supply storeroom will ordinarily be made on WD AGO Form 446, "Property Issue Slip". This form will be prepared in triplicate; however, this requirement may vary according to local needs and regulations. The person making out the requisition will indicate the "Type of Issue" in the upper right hand corner by placing an "X" or check mark in the blank space under "Initial". The following information will be filled as required in the blank spaces provided. After the word "To:" fill in "Medical" Supply Officer. In the next space the "No. of sheets" does not mean the number of copies, such as original and duplicate, but instead the number of originals will be shown. The space opposite "Voucher No." will be left blank for use by the medical supply officer. The requisition will be dated the day it is prepared. The space opposite "Issue Slip No." is for use of the medical supply officer. On the blank line opposite "For" full shipping address will be given. The space below the double line and to the left is for use by the medical supply officer. The space opposite will be signed by the officer in charge of the department requisitioning the narcotics. In the columns "Stock No.", "Nomenclature", and "Unit", the information as it appears in the medical supply catalog will be copied in its entirety and entered here. No entry will be made in the "Max or Auth Level" column. Information required in the next two columns may be omitted according to instructions from the medical supply officer. In the "Quantity Desired" column the number of units of the item being requisitioned will be entered. The "Action" column will be used by the medical supply officer to approve, disapprove, or otherwise alter the requisition. The spaces at the bottom of the form for the date of issue and signature of the authorized representative of the officer making the requisition should not be filled in until the issue is actually made. There is a space on the reverse side of this form for action to be taken, when required, of an approving officer such as the adjutant, executive, or commanding officer.

c. Supplies of narcotics needed for use in the hospital wards and clinics will ordinarily be drawn from the hospital pharmacy. For this purpose medical department prescription forms, written in the metric system and signed by an officer of the medical or dental corps will be used. Prescriptions for narcotics will be kept on a separate file in the pharmacy and will be subject to inspection at all times by inspectors and station commanders.

2. RECORDS

a. Since the War Department does not have available at this time forms for recording the status of stocks of narcotics, such forms will have to be devised locally. A separate form will be kept for each form in which narcotics are supplied, as "Morphinae sulphas, powder", or "Morphinae sulphas, 10-mgm. hypo. tablets". A space should be provided at the top of each form to show which kind or type of narcotic is to be listed thereon. Forms should be drawn up so as to include such information as the balance on hand, the date the last shipment or issue was received, by whom it was received, the date and by whom the last issue was made, to whom it was made and the amount. In the pharmacy where often an issue is made to an individual for his or her own use such a fact will be recorded in the space otherwise used for entering the ward number or clinic. In the hospital wards where narcotics are administered to individuals, their names will be recorded on the narcotic register.

b. Supply and pharmacy officers will keep and preserve as vouchers all requisitions and prescriptions to support their narcotic stock records.

Note: Also see Ward Procedures. Duties of Personnel.

3. STORAGE

Opium, the salts, derivatives, and preparation of opium or cocoa leaves and other habit forming drugs will be kept securely in a locked cabinet or safe. These should be kept on a separate shelf in a cabinet or a separate compartment in the safe. This will be the responsibility of the unit medical supply officer, pharmacy officer, ward surgeon or his assistant, the officer in charge of the various clinics and the operating room.

NURSING SERVICE

1. STATUS

As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps, and other nurses employed are to be regarded as having authority in and about the military hospital next after the Medical and Dental Officers, and are at all times to be obeyed accordingly and to receive the respect due to their position.

2. PROCEDURE ON ARRIVAL

Upon arrival at this hospital, all nurses will report immediately to the Principal Chief Nurse for instructions and assignment to duty.

3. SUPERVISION

The Principal Chief Nurse has supervision over all members of the Army Nurse Corps and the Nursing Service of this hospital. She will be obeyed and respected accordingly.

4. PRINCIPAL CHIEF NURSE, RESPONSIBILITIES OF

The Principal Chief Nurse under the immediate supervision and control of the Commanding Officer and the Executive Officer will be responsible for the following:

a. Instruction, training, assignment, discipline, performance of duty, and conduct while on duty, of members of the Army Nurse Corps.

b. Assignment, performance of duty, and conduct of female help employed for housekeeping purposes.

c. Requisition, preservation, and disposition of equipment and public property for the nurses' quarters.

d. Sanitation and police in nurses' quarters.

e. Preparation and disposition of the records of her department, and for such other duties as are assigned her by Army Regulations.

5. HOURS OF DUTY.

The hours of duty for all members of the Army Nurse Corps and for other nurses employed will be as prescribed by the Principal Chief Nurse.

6. NURSING SERVICE

a. Supervisors (general duties)

Qualified members of the Army Nurse Corps will be detailed when necessary as assistants to the Principal Chief Nurse to supervise the nursing service of the hospital during the day or night tours of duty. Hours of duty will be as prescribed by the Principal Chief Nurse.

(1) Day Supervisors

The day supervisor will perform such duties as may be required of them by the Principal Chief Nurse.

(2) Night Supervisors

The Senior Night Supervisor is responsible for the nursing service during her period of duty. Nurses will apply to the Night Supervisor for instructions when necessary, and will inform her as soon as practicable of any emergencies arising in their respective wards. Upon being relieved from duty in the morning she will make a written report of any unusual incidents of the night and derelictions of duty on the part of the night nurses.

b. Head Nurses (Duties of)

The Head Nurse of the Ward will serve as its responsible nursing head. Under the direction of the Ward Officer she will have charge of the ward, patients, nurses, enlisted personnel, and other persons assisting in the nursing care of the sick and will be obeyed and respected accordingly. Her hours of duty will be the same as those of the other nurses, but ordinarily she will be required to perform night duty only one month in six. The Head Nurse will send the report of the nurses' time on duty to the Principal Chief Nurse daily, not later than 0730 on the form provided for the purpose. She will report to the Principal Chief Nurse concerning the efficiency of the nurses under her. She will be responsible for:

(1) The receiving and recording of all orders relating to the care and treatment of patients in her ward.

(2) The proper administration of all medicines and treatment as ordered by the Ward Officer.

(3) The procurement and proper serving of all food in the wards to which no dietitians are assigned for duty.

(4) The careful, accurate, and legible preparation of all ward records and routine reports as required. In this connection particular care will be taken in maintaining the ward Narcotic Register.

(5) The safeguarding of keys of ward cabinets containing whiskey, opiates and poisons.

(6) The checking and care of the ward property and the preparation of requisitions for needed supplies for the consideration and signature of the Ward Officer.

- (7) The cleanliness and order of the ward and its adjoining rooms.
- (8) The care of patients' effects other than money and valuables until transferred to the proper custodian.
- (9) Training and constant supervision of enlisted personnel assigned to the ward.

c. Nurses (Duties of)

Nurses will perform such duties as may be required of them by the Head Nurses of their respective wards under the direction of the Ward Officer. They will make a report of the work of their ward to the Principal Chief Nurse at 0700 and 1800 daily on the form provided for the purpose. In order to minimize the number of night calls of the Professional Officer of the Day, night nurses will make every effort to obtain full instructions from him in regard to such matters as may be necessary when he makes his evening rounds, or before 2200 if possible.

7. PROCEDURE OF NURSES ON RELIEVING OTHER IN CHARGE OF WARDS

Nurses relieving others in charge of wards will accomplish and sign the statement on the back of the Ward Morning Report, showing the date and time they assumed charge and the number of patients to be accounted for as shown by the ward records. In wards where mental patients are under treatment an actual physical count of all patients will be made before the statement referred to is accomplished. In other wards of the hospital a similar check will be made upon relief of the person in charge between the hours of 1830 and 0900 only. Steps will be taken to satisfactorily account for absentees from check, and when taken to satisfactorily account for absentees from check, and when they cannot be properly accounted for, report will be furnished the Ward Officer, or in his absence the Administrative Officer of the Day.

8. PROCEDURE ON BEING RELIEVED FROM DUTY:

On departure from hospital either by transfer or on leave all nurses will report to the Principal Chief Nurse's Office for a clearance slip, which must be completed as directed and returned to the Principal Chief Nurse before departure. The address of all nurses going on leave must also be furnished the Principal Chief Nurse.

OFFICERS OF THE DAY

1. ADMINISTRATIVE OFFICER OF THE DAY

a. Detail

An officer (usually MAC) in addition to his other duties will be detailed as Administrative Officer of the Day. A roster for this purpose will be kept by the Adjutant, and the officer will be notified 48 hours in advance. His tour of duty will be from 0900 to 0900 the following day. He will report to the commanding officer or his representative with the old Officer of the Day the beginning of each tour of duty.

b. General Duties

During the absence of the commanding officer, the executive officer and the adjutant, the Administrative Officer of the Day will be in charge of the administration of the hospital, and he will be responsible for its safety and good conduct.

c. Inspection of the Hospital

The Administrative Officer will inspect the entire hospital, except occupied wards, at least twice during his tour of duty; once between 1800 and 2100 and once between midnight and reveille. He will check all prisoners and patients in the closed sections and see that all are accounted for. On inspections he will visit all sections of the hospital area; he will note condition in regard to police, sanitation and need of repairs, and will correct any violation of hospital regulations noted. He will inspect quarters of enlisted men and warehouses and will be accompanied by the NCO in charge of quarters.

d. Escaped Prisoners or Insane Patients

In the event of escape of a prisoner or insane patient, the Administrative Officer of the Day will promptly and thoroughly investigate the circumstances and make every effort to apprehend the prisoner or patient. He will report the facts to the Provost Marshal and will make a full and complete report on the Officer of the Day report.

e. Mess Inspection

Administrative Officer of the Day will inspect all messes and will eat at least one meal in the Detachment Mess during his tour or duty and inspect the night messes for nurses and enlisted men on duty in the hospital.

f. Confinement of Persons

The Administrative Officer of the Day, when in his judgment it is necessary to the good order and discipline, will confine in the Closed Section for safekeeping until proper action can be taken any patient who creates a disturbance or otherwise commits an offense more than trivial in nature. The Administrative Officer of the Day will be responsible that all major offenses or disorders are controlled by whatever means are available and that all participants (military or civilian) are immediately taken into custody and turned over to the Provost Marshal. A complete report with all witnesses will be made (See Articles of War 2, 68, 69, 82, 83, 85, 89, 90, and 93). (Par 2b and Par 4, AR 600-355).

g. Motor Vehicles

The Administrative Officer of the Day will personally check all government vehicles assigned to the hospital between 1800 and 2200 and report the presence or absence of same on OD Report.

h. Hospital Night Watchman and Fire Marshal

(1) The Administrative Officer of the Day will be in charge and will inspect on his rounds the night watchmen or hospital guards, assuring himself that they are fully instructed in their duties and that they properly perform them.

(2) Administrative Officer of the Day is assistant Fire Marshal and during the latter's absence will act in his stead. He will respond to all fire calls, familiarize himself with fire regulations and the location of all alarms and fire equipment. He will report in detail any fire which occurs during his tour of duty.

i. Duty Detachment

The Administrative Officer of the Day in the absence of the Detachment Commander or his assistant is in charge of the Detachment. He will detail additional enlisted men in emergency or replacement where required from the roster furnished by the Detachment Commander and posted in the Receiving and Evacuation Office.

j. Visitors and Visiting Hours

The Administrative Officer of the Day will see that the regulations pertaining to visitors and visiting hours at the hospital are strictly observed.

k. Deaths

After duty hours, the Administrative Officer of the Day will report deaths of military personnel immediately by telephone or telegraph to the immediate commanding officer of the deceased. He will be responsible for immediately notifying the commanding officer of this hospital.

1. Professional Officer of the Day

In case of emergency and when the Administrative Officer of the Day is already occupied or is in need of assistance, the Professional Officer of the Day will be notified and will take such action to assist the Administrative Officer of the Day as may be necessary.

m. Report

The Administrative Officer of the Day will submit a report in writing to the commanding officer or his representative at the expiration of his tour of duty. This report will be kept as a permanent record, this hospital, and will cover in detail any unusual occurrences and violations of hospital regulations and will include all names of offenders and witnesses.

2. PROFESSIONAL OFFICERS OF THE DAY

a. Detail

Two officers of the Medical Corps in addition to their other duties will be detailed as Medical Officer of the Day and Surgical Officer of the Day. One will be from the Medical Service and one from the Surgical Service. Roster for this purpose will be kept by the Adjutant, and officers will be formally notified 48 hours in advance except in emergency. At the beginning of the tour, the Old and the New Professional Officers of the Day will report to the Commanding Officer or his representative. No interchange of tours of duty as Officers of the Day will be made except by permission of the Commanding Officer or his representative. An alternate will be provided for each.

b. Tour of Duty

The tour of duty for the Professional Officers of the Day will commence at 0900 and terminate at 0900 the following day upon relief by the Commanding Officer or his representative. During this time of duty, the Professional Officers of the Day will remain within the limits of the hospital area. They will keep the Receiving and Evacuation office informed of their whereabouts at all times during their time of duty. They will sleep in room provided for their use.

c. Duties in General

(1) The Professional Officers of the Day are charged with the proper professional care of all patients in the hospital assigned to their respective services during the absence of the ward officer and will be available for professional advice and service at all times during their tour of duty.

(2) They will answer all emergency calls promptly and if there is any doubt as to the proper procedure they will consult with the proper Chief of Service or the Ward Officer.

(3) Each professional Officer of the Day will contact the chief of his service shortly before the close of duty hours daily to receive instruction as to the patients in the service who will require special attention during the absence of the ward officer.

(4) Transfers of patients from one ward to another during the absence of persons authorized to approve them will be countersigned by the Officer of the Day on whose service the patient is hospitalized.

(5) The Professional Officers of the Day will instruct the Night Noncommissioned Officer in Charge of Wards and Clinics of any specific duties he should perform in addition to his routine duties.

(6) Medical Officer of the Day will eat two meals in patients' mess during tour.

d. Inspection of Services

Professional Officers of the Day will make at least two complete inspections of their services during their time of duty, one between 1900 and 2200 and one between midnight and reveille. On each inspection they will visit each ward, see all seriously ill patients and all operation cases of the day, and will inspect all ward order books to determine that the treatments are being carried out. They will ascertain the hospital rules as to conduct are being observed and that the ward personnel are on duty and properly performing their duties. They will note and correct any violation of Police or Sanitation regulations.

e. Seriously Ill Cases

(1) Both Professional Officers of the Day will be particularly alert after duty hours in the care of seriously ill patients. In the event a patient becomes seriously ill or a seriously ill patient is admitted during the absence of the Ward Officer, the Officer of the Day on whose service the patient is treated will place the patient on the Seriously Ill List.

(2) Check List. New Seriously Ill Patients

- (a) Notify or telegraph person to be notified.
- (b) If special attendants are required, notify NCO in charge of wards and clinics.
- (c) If special nurse is required, notify Chief Nurse or Night Supervisor.
- (d) Prepare and distribute Report of Seriously Ill Case.
- (e) Notify chaplain (of patient's faith) if not previously done.

f. Deaths

(1) During the absence of the ward officer, the Professional Officers of the Day will determine all cases of death occurring in the

hospital during their tour of duty. They will see that the body is tagged with the name and other identifying data (tagged on left great toe and right wrist), and that the remains are promptly removed to the Morgue. The Officer of the Day in charge of the death will make immediate search of the deceased person's bed, bedside table and of the ward for clothing, money, valuables or other effects belonging to the patient. Any money or valuables found will be itemized on the "Patient's Deposit Certificate" in duplicate and the form signed by him. The search will ordinarily be made in the presence of witnesses who will also sign the form. After this action, the form together with money or valuables will be delivered as soon as possible to the Custodian of Patients' Funds and Valuables who will receipt the duplicate and return to him and file the original. Clothing and effects other than money and valuables will be listed on Patients' Property Card Form No. 75, MD, in duplicate which will be signed by the officer making the search. At the beginning of office hours, he will report to the Registrar presenting all facts of the case and actions taken. At this time all money, valuables, clothing and effects will be turned over to the "Custodian of Patients' Funds and Valuables", usually the Registrar.

(2) Check List - Upon Death

(a) Professionally prepare body for Morgue and Morgue identification. (If murder is suspected or case is one of suicide, remains should not be molested or moved until Provost Marshal so directs).

(b) Secure and list all personal effects belonging to patient in the presence of witnesses.

(c) Have laboratory emergency man notified and have NCO in charge of wards and clinics remove body to Morgue.

(d) Notify chaplain if not present.

(e) Complete bed card and transmit immediately to Receiving and Evacuation Office.

(f) If after duty hours, notify the Administrative Officer of the Day so that he may telephone or telegraph the commanding officer of the deceased.

(g) Call commanding officer and chief of service.

(h) Include facts of death on O.D. Report.

g. Medical Officer of the Day - Special Duties

(1) During the absence of the Receiving and Evacuation Officer, the Medical Officer of the Day will assume the following:

(a) He will examine each patient on admission, make the proper ward assignment, and prescribe such treatment as is indicated until the proper ward officer or the Surgical Officer of the Day has assumed charge of the case.

(b) He will notify the Surgical Officer of the Day upon the admission of a patient to a Surgical Ward and upon receipt of a patient requiring Surgical treatment as an out-patient.

(c) He will see all out-patients who apply for treatment. No person whatever his status will be turned away from the hospital without being seen by a Medical Officer.

(d) He will be responsible that funds and valuables of patients admitted by him are listed and turned over to the "Custodian of Patients' Funds and Valuables" as prescribed.

(e) He will search all patients admitted to closed wards in accordance with hospital regulations.

(f) He will regulate the ambulance service. He will be responsible that ambulances have adequate equipment and supplies when they are dispatched to the scene of an accident. He will detail Medical Officer to accompany the ambulance when he considers the case warrants it.

(g) He will perform the duties of the pharmacy officer as required.

(2) In case of emergency the Medical Officer of the Day will take such action to assist the Surgical Officer of the Day as may be necessary.

h. Surgical Officer of the Day - Special Duties

(1) The Surgical Officer of the Day is directly responsible to the Chief of Surgical Service for the proper treatment and management of all surgical cases admitted to the hospital or brought to the emergency operating room for emergency or first aid attention. When a major operation is indicated he will notify the surgical team on call for that day and night. If there is any doubt as to the proper procedure, he will consult with the Chief of the Service.

(2) An out-patient index of all patients treated in the emergency room will be kept as prescribed in paragraph 71-e, AR 40-1025. WD MD Form No. 52-a, will be used for this purpose. Each morning a card for each patient treated during the preceding 24 hours will be sent to the Registrar who will decide which should be "Carded for Record Only." These cards then will be returned to the proper clinic.

(3) In case of emergency the Surgical Officer of the Day will take such action to assist the Medical Officer of the Day as may be necessary.

i. Reports

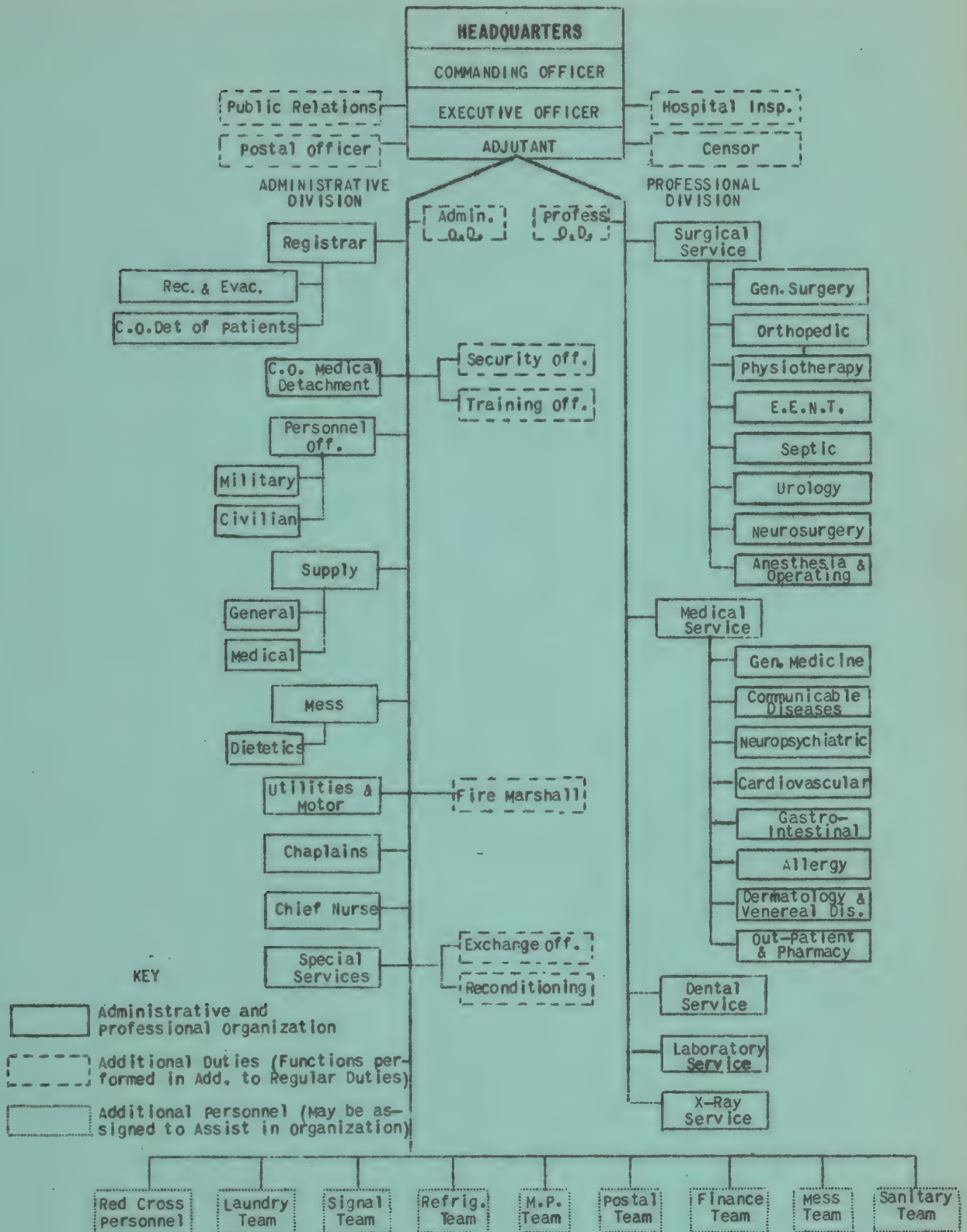
The reports of the Professional Officers of the Day will be rendered in writing. They will assure themselves that the data entered on these reports are both complete and accurate. These reports will be submitted to the commanding officer or his representative at the expiration of the tours of duty and will include the following:

- (1) Date of tour
- (2) Time of inspections
- (3) Record of patients attended
- (4) Number of patients admitted
- (5) Remarks relating to deaths and attending circumstances, serious cases attended and treatment administered.
- (6) Names of patients and designation of wards of all seriously ill cases admitted during tour of duty.
- (7) Any matter considered of interest to the chief of any professional service of the hospital.

GENERAL HOSPITAL
O R G A N I Z A T I O N

Unit	Specifi- cation Serial No.	1,000 bed
Colonel, including		1
Hospital commander	3501	(1)
Lieutenant Colonel, including		7
Chief of medical service	3135	(1)
Chief of surgical service	3136	(1)
Dental	3170	(1)
Executive	3501	(1)
Neuropsychiatrist	3130	(1)
Pathologist	3325	(d1)
Radiologist	3306	(1)
Major, including		12
Bacteriologist	3307	(f1)
Cardiologist	3107	(1)
Chaplain	5310	(1)
Dental	3170	-
Gastro-enterologist	3105	(1)
Medical, communicable disease	3116	(1)
Medical, general surgery	3150	(1)
Medical, internist	3139	(1)
Neurosurgeon	3131	(1)
Ophthalmologist	3125	(1)
Orthopedic surgeon	3153	(1)
Prosthodontist	3175	(1)
Urologist	3111	(1)
Captain, including		6
Adjutant	2110	(a1)
Administrative	2120	(e1)
Biochemist	3309	(f1)
Medical registrar	2431	(a1)
Mess	4110	(a1)
Supply	4490	(a1)
First Lieutenant, including		22
Allergist	3113	(1)
Anesthetist	3115	(1)
Chaplain	5310	(2)
Dental	3170	(3)
Dermatologist	3112	(1)
Medical general duty	3100	(i7)
Medical internist	3139	(1)

SUGGESTED ORGANIZATIONAL CHART FOR A NUMBERED GENERAL HOSPITAL



Neuropsychiatrist	3130	(1)
Ophthalmologist and otorhinolaryngologist	3106	(1)
Oral surgeon, dental	3171	(1)
Orthopedic surgeon	3153	(1)
Otorhinolaryngologist	3126	(1)
Radiologist	3306	(1)
First lieutenant, including		5
Administrative	2120	(g2)
Military personnel	2200	(a1)
Psychologist	2252	(h1)
Utilities and maintenance	7120	(j1)
Second Lieutenant, including		2
Administrative	2120	(g2)
 Total commissioned		<hr/> 55
 Lt Colonel, including		1
Nurse, administrative	3430	(1)
Major, including		1
Nurse, administrative	3430	(1)
Captain, including		3
Nurse, anesthetist	3445	(1)
Nurse, general duty	3449	(1)
Nurse, operating room	3443	(1)
First lieutenant, including		26
Nurse, anesthetist	3445	(2)
Nurse, general duty	3449	(23)
Nurse, neuropsychiatrist	3437	(1)
Second Lieutenant, including		52
Nurse, general duty	3449	(52)
 Total nurse corps		<hr/> 83
 First lieutenant, including		1
Hospital dietitian	3420	(1)
Second lieutenant, including		2
Hospital dietitian	3420	(2)
 Total hospital dietitians		<hr/> k 3
 First lieutenant, including		1
Physical therapy aide	3418	(1)
Second lieutenant, including		1
Physical therapy aide	3418	(1)
 Total physical therapy aides		<hr/> k2
 Warrant officer, including		1
Administrative assistant	2600	(11)
 Total warrant officers		<hr/> 1

	Specifi- cation Serial No	Technician Grade	1,000 bed
Master sergeant, including			3
Administrative	502		(1)
Medical supply	825		(1)
Sergeant major	502		(1)
First sergeant	585		1
Technical sergeant, including			8
Medical	409		(1)
Medical laboratory	858		(1)
Mess	824		(1)
Optometrist	452		(m1)
Personnel	816		(1)
Pharmacist	149		(1)
Supply	821		(1)
Surgical	861		(1)
Staff sergeant, including			14
Administrative	502		(1)
Chief clerk	052		(3)
Clerk, general	055		(2)
Medical	673		(3)
Medical supply	825		(1)
Mess	824		(2)
Motor	813		(1)
Supply	821		(1)
Sergeant, including			20
Chief clerk	052		(7)
Clerk, general	055		(3)
Construction foreman	059		(1)
Duty	566		(1)
Medical	673		(6)
Mess	824		(2)
Corporal, including			13
Clerk-typist	405		(1)
Medical	673		(12)
Technician grade 3)			(14
Technician grade 4)			(64
Technician grade 5) including			(96
Private first class)			(98
Private)			(119
Ambulance driver	699	5	(2)
Ambulance driver	699		(4)
Ambulance orderly	696		(6)
Automobile mechanic	014	4	(1)
Automobile mechanic	014	5	(1)
Baker	017	4	(1)
Baker	017	5	(2)
Baker	017		(2)
Barber	022	5	(1)
Barber	022		(6)
Bugler	803		(n1)

Carpenter, construction	050	5	(1)
Carpenter, construction	050		(1)
Chaplain's assistant	534	5	(n3)
Clerk, general	055	4	(2)
Clerk, general	055	5	(2)
Clerk, general	055		(4)
Clerk-typist	405	4	(3)
Clerk-typist	405	5	(3)
Clerk-typist	405		(7)
Cook	060	4	(13)
Cook	060	5	(12)
Cook's helper	521		(21)
Dental laboratory technician	067	3	(1)
Dental laboratory technician	067	4	(1)
Supply clerk	835	4	(1)
Dental technician	855	4	(3)
Dental technician	855	5	(3)
Electrician	078	4	(1)
Electrician	078	5	(1)
Electrician	078		(1)
Hospital orderly	303		(53)
Meat cutter	037	5	(1)
Meat cutter	037		(1)
Meat or dairy inspector	120	4	(01)
Mechanic, refrigeration	322	5	(1)
Medical equipment maintenance technician	229	4	(1)
Medical laboratory technician	858	3	(2)
Medical laboratory technician	858	4	(3)
Medical laboratory technician	858	5	(5)
Medical laboratory technician	858		(4)
Medical technician	409	4	(12)
Medical technician	409	5	(19)
Medical technician	409		(44)
Orderly	695		(7)
Painter, general	144		(1)
Pharmacist	149	3	(1)
Pharmacist	149	4	(2)
Pharmacist	149	5	(2)
Portable power generator operator	846	4	(1)
Sanitary technician	196	5	(1)
Sanitary technician	196		(1)
Statistical clerk	212	5	(2)
Stenographer	213	4	(1)
Stenographer	213	5	(1)
Stock clerk	324	4	(1)
Stock clerk	324	5	(1)
Stock clerk	324		(1)
Surgical technician	861	3	(10)
Surgical technician	861	4	(11)
Surgical technician	861	5	(21)
Surgical technician	861		(21)

Tailor	234	5	(1)
Tailor	234		(1)
Truck driver, light	345	5	(5)
Truck driver, light	345		(5)
Utility repairman	121		(3)
X-ray technician	264	4	(5)
X-ray technician	264	5	(5)
Basic	521		(22)

Total enlisted

450

Aggregate

589

- a - Medical Administrative Corps
- d - Chief of laboratory service
- e - Medical Administrative Corps or pharmacy corps, detachment commander.
- f - Sanitary Corps
- g - Medical Administrative Corps or Pharmacy Corps, 1 to be ward administrator
- h - Branch immaterial
- i - Medical officer, general duty, may be distributed as required.
- j - Corps of Engineers
- k - Hospital dietitians and physical therapy aides not included in aggregate strength of hospitals, but the number indicated will be assigned each hospital
- l - Must be qualified in sick and wounded report procedure.
- m - Optometrists will be assigned if available; if not available, 1 medical technician in comparable grade will be assigned.
- n - Also drives truck, 1/4 ton
- o - Veterinary

This table is advisory only (AR 40-590) and indicates specialists of the Medical Department that should be assigned if available. In case certain specialists are not available, numerical substitution of additional medical officers, general duty (3100) in lieu thereof will be made.

The following services will be furnished to General Hospitals as required:

1000 bed hospital - Laundry section, fixed (hospital), 1 Type EJ, T/O and E 10-500.

Finance service, 1 team, type BC, T/O & E 14-500.

Army postal service, 1 unit, type A, T/O & E 12-605.

Signal service, 1 team, type CG, T/O & E 11-500.

Military police guard under T/O & E 19500 as required.

Refrigerator team, type 1, T/O & E 5-500 will be required, when air conditioning equipment is furnished.

The following units will be attached to the appropriate hospital by theater commander on the following basis:

1 sanitary team, type JA, T/O & E 8-500.

1 mess team, type AH, T/O & E 8-500

Red Cross personnel: Red Cross aides may be assigned to hospital prior to movement to a theater in accordance with assignment schedule agreed upon by the War Department and the American Red Cross in addition to personnel included in this table.

Functions: Provides definitive hospitalization for all classes of cases.

Assignment: The number of General Hospitals in the communications zone depends on the expected demand and the policy of evacuation from the theater of operations to the zone of interior. A number of general hospitals may be grouped to form a hospital center.

For specification serial numbers shown in column 2, for enlisted men see TM 12-426 and TM 12-427; for officers and warrant officers, TM 12-406 and 12-407.

* * * *

1. ADMINISTRATIVE ORGANIZATION

Operational Phase (Enlisted Men - 196)

a. Detachment MD Headquarters

First Sergeant (585).....	1
Chief Clerk, S/Sgt (052).....	1
Duty Sergeant (566).....	1
Clerk, General, T-4 (055).....	1
Clerk, General, T-5 (055) Mail.....	1
Barber, T-5 (022).....	1
Barber (022).....	6
Basic (521).....	5
	<hr/> 17

b. Detachment Reserve

Sergeant (673).....	2
Orderly (695).....	10
Basic (521).....	4
Bugler (803).....	1
Tailor (234).....	2
Med Tech (409).....	3
Surg Tech (861).....	3
Clerk Typist (405).....	1
	<hr/> 26

c. Registrar

Master Sgt (Chief Clerk) (502).....	1
S/Sgt (052).....	1
Sgt (673).....	1
Cpl, Clerk Typist (405).....	1
Statistical Clerk, T-5 (212).....	2

Clerk Typist, T-4 (405).....	1
Clerk Typist, (405).....	1
Orderly (695).....	1
	<u>9</u>
d. Detachment of Patients	
S/Sgt (502).....	1
Sgt (055).....	1
Clerk General (055).....	1
Orderly (695).....	1
	<u>4</u>
e. Receiving and Evacuation Office	
S/Sgt (055).....	1
Sgt (673).....	1
Clerk Typist (405).....	1
Basic (521).....	1
	<u>4</u>
f. Adjutants Department	
(1) Sergeant Major Office:	
Master Sergeant.....	1
Staff Sergeant (052).....	1
Stenographer, T-4 (213).....	1
	<u>3</u>
(2) Information Service:	
Sergeant (052).....	1
(3) Message Center:	
Staff Sergeant (055).....	1
Clerk General, T-5 (055).....	1
Orderly (695).....	1
	<u>3</u>
(4) Mail Service:	
Sergeant (055).....	1
Clerk, General, T-4 (055).....	1
Orderly (695).....	1
Basics (521).....	2
	<u>5</u>
(5) Personnel Section:	
T/Sgt (816).....	1
Sgt (055).....	1
Clerk-Typist (405).....	1
Clerk General (055).....	2
	<u>5</u>
g. Quartermaster Supply and Utility	
T/Sgt (821).....	1
S/Sgt (821).....	1
Sgt (Construction) (059).....	1
Clerk, Stock (324).....	1
Stenographer, T-5 (213).....	1

Clerk-Typist (405).....	1	
Carpenter, T-5 (050).....	1	
Carpenter, Construction (050).....	1	
Electrician, T-4 (078).....	1	(a)
Electrician, T-5 (078).....	1	(a)
Electrician, (078).....	1	(a)
Mech Refrig, T-5 (322).....	1	
Portable Power Operator, T-4 (846).....	1	(a)
Painter, General (144).....	1	
Repairman, Utility (121).....	3	
Basic (521).....	3	
	<u>20</u>	

h. Medical Supply

Master Sergeant.....	1	
S/Sgt (825).....	1	
Sgt (673).....	1	
Clerk, stock, T-4 (324).....	1	
Clerk, stock (324).....	1	
Clerk Typist, T-5 (405).....	1	
Clerk Typist, (405).....	1	
Med Equip Tech, T-4 (229).....	1	
Basic (521).....	4	
	<u>12</u>	

i. Dietetic Department

T/Sgt (824).....	1	
S/Sgt (824).....	2	
Sgt (824).....	2	
Baker, T-4 (017).....	1	
Baker, T-5 (017).....	2	
Baker, (017).....	2	
Butcher, T-5 (037).....	1	
Butcher (037).....	1	
Cook, T-4 (060).....	14	
Cook, T-5 (060).....	14	
Cook, Helper (521).....	18	
	<u>58</u>	

j. Motor Transportation Service

S/Sgt (813).....	1	
Sgt (Ambulance Dispatcher) (673)...	1	
Ambulance Driver, T-5 (699).....	2	
Ambulance Driver (699).....	4	
Ambulance Orderly (696).....	6	
Mechanic Auto, T-4 (014).....	1	
Mechanic Auto, T-5 (014).....	1	
Truck Driver, T-4 (345).....	5	
Truck Driver (345).....	5	
	<u>26</u>	

k. Chaplain Service

Chaplain's Asst, T-5 (534).....2

l. Special Service

Sgt (052).....1
 Clerk General (055).....1
 Basic (521).....1
 3

(Bonds & Insurance Office
 (Personnel Affairs Office
 (Orientation Office
 (Education Office
 (Library Office
 (Recreation Office

2. PROFESSIONAL ORGANIZATION

(Enlisted Men - 251)

a. Medical Service

T/Sgt (409)..... 1
 S/Sgt (673)..... 1
 Sgt, Chief Clerk (052)..... 1
 Cpl (673)..... 3
 Clerk Typist, T-5 (405)..... 1
 Hospital Orderly (695)..... 11 (b)
 Medical Tech, T-4 (409)..... 12
 Medical Tech, T-5 (409)..... 19
 Medical Tech (409)..... 41 (b)
 90

b. Surgical Service

T/Sgt (861)..... 1
 Optometrist (452)..... 1
 S/Sgt (673)..... 1
 Sgt, Chief Clerk (052)..... 1
 Cpl (673)..... 6
 Clerk Typist, T-4 (405)..... 1
 Hospital Orderly (695)..... 34 (b)
 Surg Tech, T-3 (861)..... 10
 Surg Tech, T-4 (861)..... 11
 Surg Tech, T-5 (861)..... 21
 Surg Tech (861)..... 19 (b)
 106

c. X-Ray Service

S/Sgt (673)..... 1
 Sgt, Chief Clerk (052)..... 1
 Cpl (673)..... 1

X-Ray Tech, T-4 (264).....	5
X-Ray Tech, T-5 (264).....	5
Clerk Typist (405).....	1
Orderly (695).....	1
	<u>15</u>

d. Pharmacy

T/Sgt (149).....	1
Pharmacists, T-3 (149).....	1
Pharmacists, T-4 (149).....	2
Pharmacists, T-5 (149).....	2
	<u>6</u>

e. Hospital Inspector

Meat & Dairy Inspector, T-4 (120)....	1
Sanitary Tech, T-5 (196).....	1
Sanitary Tech, (196).....	1
	<u>3</u>

f. Laboratory Service

T/Sgt (858).....	1
Sgt, Chief Clerk (052).....	1
Cpl, (673).....	1
Clerk Typist, T-5 (405).....	1
Med Lab Tech, T-3 (858).....	2
Med Lab Tech, T-4 (858).....	3
Med Lab Tech, T-5 (858).....	5
Med Lab Tech (858).....	4
Orderly (695).....	1
	<u>19</u>

g. Dental Service

Sgt. Chief Clerk (052).....	1
Cpl (673)	1
Clerk Typist, T-4 (405).....	1
Dental Lab Tech, T-3 (067).....	1
Dental Lab Tech, T-4 (067).....	1
Supply Clerk, T-4 (835).....	1
Dental Tech, T-4 (855).....	3
Dental Tech, T-5 (855).....	3
	<u>12</u>

(a) = Train as alternate projectionists

(b) = Surplus and shortage in these grades to be reported to
Detachment Commander (Detachment Reserve)

1. CLOTHING AND BAGGAGE

a. Baggage Room

The patients' baggage room functions under the immediate jurisdiction of the commanding officer, detachment of patients, who is responsible for the safeguarding, proper storage, disposition of, and the necessary records of all effects which are delivered thereto. In hospitals where there is no baggage room the ward officer is charged with these responsibilities.

b. Disposition of Clothing and Effects on Admission

(1) Except when enlisted status patients are admitted directly to the wards, all clothing and hand baggage in their possession are immediately delivered by them with the assistance of personnel from the receiving officer to the patients' baggage room. All such clothing and equipment of patients, including the articles comprising hand baggage except as provided in paragraph d, are inventoried by the attendant on duty in the baggage room, who carefully lists articles on WD MD Form No. 75, in duplicate. Specific description is noted in the case of unusual items to permit ready identification in the future. The patient is required to sign both copies of the inventory, acknowledging its correctness. If he is unable to do so, appropriate notation is made thereon by the person making the inventory. The attendant on duty in the patients' baggage room stamps with the "Received" stamp and signs each copy of the inventory. The duplicate is delivered to the patient and the original is held on file in the patients' baggage room.

(2) (a) When patients are admitted direct to wards or in those cases where the emergency is such that it is not practicable to have the personal clothing and handbaggage turned in at the patients' baggage room, all clothing and handbaggage in their possession are delivered with the patient to the proper ward by the personnel of the receiving office. In such instances all clothing and equipment of patients, including the articles comprising handbaggage, except as provided in paragraph c below, are inventoried by the wardmaster who carefully lists same on WD MD Form No. 75 in duplicate. Specific description is noted in the cases of unusual items to permit ready identification in future. If the condition of the patient does not preclude he is required to sign both copies of the inventory acknowledging its correctness. If he is unable to do so, appropriate notation is made thereon by the person making the inventory. Except in cases of patients admitted to the communicable disease section (see (b) below), both copies of WD MD Form No. 75, together with the effects, are sent immediately to the patients' baggage room if it is during the hours when the patients' baggage room is open, and if the patients' baggage room is not open as soon after its next opening as possible. In the latter case, the wardmaster who inventories the clothing and equipment turns it over to the

ward nurse, and she is responsible for its retention under lock and key in the linen room or other locked depository of the ward until the baggage room is again open. Under no circumstances will clothing be kept in ward linen closets except for the very temporary period when it is not practicable to have the patients' baggage room open (see (1) above).

(b) Clothing received in the communicable disease section is handled as in (a) above, except that after it has been properly inventoried, such articles as the ward officer designates are delivered to the hospital laundry for disinfection. A receipt from the laundry is taken for all items so delivered. The ward attendant calls at the laundry at the designated time to receive these items after they have been disinfected. He then checks the items against the receipt he received. If found correct he takes the disinfected items received from the laundry, together with all other effects of the patient which have been otherwise disinfected, to the baggage room where he disposes of them as described in (1) above.

c. Wear of Hospital Clothing

(1) When an enlisted status patient has delivered his clothing and personal effects to the patients' baggage room, he is furnished one suit of hospital pajamas and bathrobe, and a receipt is taken by the attendant at the patients' baggage room. He may be permitted to retain his shoes, underclothing, two pairs of socks, waist belt, and the necessary toilet articles. These personal items are not included in the inventory.

(2) Patients on an enlisted status admitted direct to wards, if their mental and physical conditions permit, are required to sign a receipt for a suit of hospital pajamas when the same is issued to them on the ward. If they are not able to sign such a receipt, a notation to that effect is made. When clothing and effects are delivered to the patients' baggage room, this receipt is delivered with the clothing to the patients' baggage room and the attendant who delivers them receives from the attendant in return one suit of hospital pajamas. This is delivered to the ward to replace those issued to the patient.

(3) Patients on an enlisted status are prohibited from wearing other than hospital clothing while in any building pertaining to the hospital, except that convalescent patients, other than those confined in the neuropsychiatric section, may wear such personal underclothes, shoes, socks, waist belts, and head covering as they have in their possession.

(4) Ambulant patients on an enlisted status while in the ward are clothed habitually in pajamas, socks, slippers or shoes, or if available, in a convalescent suit which must be clean and in good state of repair and buttoned at all times.

(5) When an ambulant patient on an enlisted status leaves his ward, the Medical Department convalescent suit if available is worn. Patients requiring protection of additional clothing are permitted to wear the bathrobe over the convalescent suit. Except as noted below, this is the patient's dress at all times on the grounds and in the building to which he has access, except going from and returning to the reservation on authorized pass.

(6) Patients wear their personal outer clothing when leaving and returning to the reservation on authorized pass.

d. Retention of Clothing and Property

Except as noted hereafter, no articles of personal clothing or property are retained in the wards by patients on an enlisted status during stay in hospital. Patients are required to turn in to the patients' baggage room any such articles found in their possession by any of the ward personnel on duty in the ward. Patients whose physical and mental conditions permit them to leave the ward may be granted permission by the ward officer to retain other specified articles of clothing. Patients are informed when such permission is granted that these articles are for their personal comfort and that they are responsible for any subsequent loss.

e. Baggage when admitted from train or boat.

(1) Patients admitted from trains or boats are asked at the receiving office whether or not they have any baggage other than that which accompanied them at the time of admission. If so, they are requested to deliver the baggage checks therefor to the receiving office where a record showing the check number, full name, grade, and organization of the patient is made in a book kept for that purpose. These checks are promptly delivered to the attendant at the patients' baggage room who receipts in the book for them. He likewise keeps in the patients' baggage room a book where he records the check numbers, full name, grade and organization of the patient, and delivers these checks to the baggage driver on his next trip, having him receipt for them in the book at the patients' baggage room.

(2) (a) When such baggage is received from the Transportation Officer, the patient if he is ambulant is required to come to the patients' baggage room where he inspects such baggage and assists in the inventory of any baggage which is not sealed by his own lock and key. He and the attendant together see that all additional items are added to both copies of the WD MD Form No. 75, and acknowledge receipt of these additions by their initials opposite the items listed on each copy.

(b) If patient is not physically or mentally able to do so, an attendant from the ward in which he is confined is required to come to the patients' baggage room where he sees the locked containers and assists with the inventory of effects not locked, and sees that all items are added to WD MD Form No. 75. Both the attendant from the ward and attendant at the baggage room acknowledge receipt of these additional items by their initials opposite the items on each copy of WD MD Form No. 75.

f. Withdrawal from Baggage Room

(1) Clothing of patients leaving on pass or furlough may be withdrawn by patients on presentation of approved pass or furlough. When such withdrawals are made, if they take with them all items listed on WD MD Form No. 75, the duplicate copy of the form receipted and signed by the patient is returned to the patients' baggage room. If they make a partial withdrawal, taking with them only such items as they need for wearing apparel while on pass or furlough, a receipt is given to the attendant at the patients' baggage room for articles withdrawn. Upon the return of patients from such absence, if their return is between 0800 and 2400, they return their clothing immediately to the patients' baggage room. If their return is between 2400 and 0800, they take their clothing with them to their wards but return it to the patients' baggage room immediately after 0800 of the same day. In either case the attendant on duty in the patients' baggage room again takes charge of the clothing which was withdrawn and returns to the patient the receipt which he gave for it.

(2) Patients are required when discharged from the hospital to take with them all of their clothing and personal effects. When they are ready to depart they present to the attendant at the patients' baggage room the duplicate copy of WD MD Form No. 75 receipted by themselves together with a written notification from the office of the commanding officer, detachment of patients, stating that they are prepared to leave the hospital.

(3) All patients going on pass or furlough or being discharged from the hospital are required to deliver at the patients' baggage room one suit of hospital pajamas and one bathrobe for which they receive their receipt.

(4) Upon the death of a patient, all money and valuables are secured by the ward officer and turned over immediately to the custodian of patients' fund.

(5) Clothing of patients may be withdrawn for purposes other than indicated in (1), (2), (3), and (4) above only on presentation of a request approved by the ward officer and the commanding officer, detachment of patients. When clothing is withdrawn by patients for the purpose of cleaning, the ward officer sees that the clothing is returned promptly to the baggage room as soon as the cleaning is completed.

g. Officers

(1) While patients on officer status are not required to deposit their clothing in the patients' baggage room, the facilities of the baggage room are available to them for safekeeping of trunks and handbaggage, and they may deposit clothing and other effects not classed as valuables in the same manner described above.

(2) In addition, patients on officer status arriving by train or boat are asked if they have additional baggage. When they are found to have such baggage it is handled in the manner directed above.

(3) Patients on officer status having clothing and effects stored in the patients' baggage room withdraw them as prescribed above.

h. Check of Baggage Room Records

The admission and disposition sheet furnished for patients' baggage room is checked daily by the attendant in charge thereof to ascertain if any patient has departed, leaving his baggage behind. When baggage of this nature is found, report is furnished immediately the commanding officer, detachment of patients, for appropriate action.

2. CONDUCT OF PATIENTS

Upon admission to a hospital, patients are under the jurisdiction of the hospital for administrative and disciplinary purposes. In matters affecting duty, pay, clothing, passes or furlough, or disciplinary action, they are under the control of the ward officer and the commanding officer, Detachment of Patients. In all matters affecting treatment, they are under the control of the ward officer and chief of service.

3. FUNDS AND VALUABLES

a. Custodian

The registrar is the custodian of patients' funds and valuables, and is personally responsible for safeguarding them after they have been delivered to him. Patients' funds are deposited in a local bank and disbursed in the form of checks by the custodian personally.

b. Audit

(1) At the end of each month the hospital inspector audits the patients' funds and valuables. The duties of the auditing officer are to:

(a) Audit the fund account, examine into sources from which the fund has accrued, and into all disbursements so as to assure himself that all funds deposited have been properly accounted for and that disbursements have been properly made.

(b) Verify the balance of fund shown as remaining on hand.

(c) Verify the deposit of and return of valuables to patients.

(d) Verify the list of valuables noted as remaining on hand.

(2) Upon the completion of the audit, the auditing officer places a certificate above his signature in the cash book kept by the custodian of patients' funds and valuables certifying that he has audited the fund and verified the funds and valuables on hand, and that he has found them to be correct; or he notes any irregularity found and reports it to the commanding officer.

c. Information Furnished on Admission

Upon admission to hospital all patients whose physical and mental condition is such that they can understand are asked by the receiving and evacuation officer, or in his absence the medical officer of the day, as to whether they have any funds and valuables in their possession which they desire to deposit with the custodian of patients' funds and valuables for safekeeping. They should be urged to safeguard their funds and valuables in this manner, and will be distinctly informed that the hospital authorities will not be responsible for loss of either funds or valuables not so deposited.

d. Deposit Certificate

In accomplishment of deposit certificates by patient and admitting officer the following procedure is followed:

(1) For patient desiring to make deposits.

Patients desiring to make deposits sign a deposit form in triplicate, acknowledging that they have been informed relative to making deposits and itemizing separately thereon the funds and valuables they wish to deposit. The admitting officer signs all copies of the receipt for the articles deposited and delivers the duplicate copy to the patient. The original and triplicate copies, accompanied by the money and valuables listed thereon, are transmitted by the admitting officer personally to the custodian of patients' funds and valuables as soon as practicable. The custodian acknowledges receipt by signature on each copy, returning the triplicate copy to the officer originally receiving the deposit, and files the original copy for future reference.

(2) For patients having no money or valuables in their possession.

Patients having no money or valuables in their possession are nevertheless required to sign the deposit form, acknowledging that they have been informed relative to making deposits. The word "None" is noted under the appropriate heading on the form. In such cases only one copy of the form is prepared and signed by the admitting officer, and it is submitted to the custodian of patients' funds and valuables by the admitting officer not later than 0900 the following day.

(3) For mentally or physically incapable.

When patients are admitted who appear to be incapable, mentally or physically, of following the procedure outlined in (1) and (2) above, the following procedure is followed:

(a) A careful and thorough search of patient's person and effects is made by the admitting officer personally, who takes therefrom any money or valuables which he may find. This search ordinarily is conducted in the presence of a witness whose signature is obtained on the form.

(b) Attendants accompanying mentally or physically incapable patients for admission are asked whether or not money and valuables belonging to patient are in their possession. Any articles delivered by attendants together with those found on patient's person are itemized on local deposit form in quadruplicate which is signed by the attendant when there is one and receipted by the admitting officer. The form is suitably altered for the purpose indicated and a notation is made thereon as to the reason for the patient not executing the form. In addition notation is made of the name and status of attendant. The duplicate copy is furnished the attendant. The original, triplicate, and quadruplicate copies together with the money and valuables are taken by the officer accomplishing the form as soon as practicable to the custodian of patients' funds and valuables who receipts and returns the quadruplicate copy to the officer originally receiving the deposit, delivers the triplicate copy to the ward to which the patient is assigned, and files the original for future reference. When no funds and valuables are delivered by attendants or found on patient's person, only one copy of the form is accomplished by the admitting officer in which case the word "None" is noted under the appropriate heading on the form, and the form is then signed by the attendant and the admitting officer. It is sent to the custodian of patients' funds and valuables not later than 0900 the following day.

(c) When patients are unaccompanied by attendants, the procedure is the same as prescribed in (a) and (b) above except that when money and valuables are found on the patient's person the admitting officer accomplishes the form in triplicate only, all copies being taken to the custodian of patients' funds and valuables who signs all copies, returns the triplicate to the officer originally receiving the deposit, delivers the duplicate to the ward to which patient is assigned, and files the original for future reference.

(d) In the event of the transfer of a patient from an open to a closed ward, the ward officer of the ward from which the patient is transferred, or in the absence of the proper ward officer, the officer of the day of the service responsible for the care of the patient makes a search of the patient's person, clothing, bed, bedside table, and of the ward for money and valuables belonging to the patient. Any money or valuables found are itemized in triplicate and signed by the officer making the search. This search ordinarily is made in the presence of a witness who also signs the forms. After this action the forms, together

with any money or valuables found, are delivered in person by the officer to the custodian of patients' funds and valuables who signs all copies, returns the triplicate to the officer making the search, delivers the duplicate to the ward to which the patient is transferred, and files the original for future reference.

(e) In the event of the transfer of a patient to the guard house or detention ward, the prison officer, or in his absence, the administrative officer of the day, carries out the provisions of (d) above except that the duplicate copy is given to the patient by the officer making it.

(f) Prior to an operation involving the use of a general anesthetic or in any circumstances where the patient is rendered unable or incompetent to care for such money and valuables as he may have in his possession, the ward officer of the ward to which the patient is assigned, or in his absence the officer of the day of the service responsible for the care of the patient, takes from the patient all such money and valuables. Such money and valuables taken from the patient are itemized on the deposit form in triplicate and all copies of the form signed by the patient and by the officer making it, the duplicate to be given to the patient. After this action the forms, together with any money or valuables found, are disposed of as described above.

(g) Whenever a patient is reported as seriously ill or incompetent for any reason to care for his money and valuables, the ward officer of the ward to which the patient is assigned makes an immediate search of the patient's person, bed, bedside table, clothing, and of the ward for any money and valuables belonging to the patient and the proceeds as described above.

e. Subsequent Deposits While in Hospital

(1) Patients who desire to deposit money or valuables during their stay in the hospital, if their physical condition permits, makes such deposit personally with the custodian of patients' funds and valuables. If deposit was made on the patient's admission he brings with him the deposit form which he holds as a receipt and any supplementary deposit is entered in the appropriate place on that form and signed by the custodian of patients' funds and valuables. If the patient has not previously made deposit he accomplishes with the custodian of patients' funds and valuables a deposit form in duplicate, receiving from the custodian the signed duplicate form as his receipt.

(2) Patients whose physical condition prevents them from making deposit in person make it through their ward officers. If the patient has not previously deposited with the ward officer he makes a local deposit form in triplicate as directed in paragraph (3) (e). If he has previously deposited he delivers to the ward officer the funds and valuables he desires to deposit, together with his retained deposit form. In each case the ward officer delivers in person to the custodian,

patients' funds and valuables, the original and duplicate deposit form which he made with the patient or the deposit form which he received from the patient, together with the funds and valuables. The custodian in the first case signs the triplicate and returns it to the ward officer. In the second case, he enters the supplementary deposit in the appropriate place on the form and initials it.

f. Withdrawal

(1) Patients desiring to withdraw their personal funds and valuables do so in person if their physical and mental condition permits, delivering their deposit form to custodian and signing for funds and valuables withdrawn. The ward officer of the ward to which the patient has been assigned is required to identify the patient by placing his signature in the appropriate place on the form unless the patient is personally known to the custodian of patients' funds and valuables.

(2) Patients desiring to withdraw their personal funds and valuables who are not physically able to come personally to the office of the custodian of patients' funds and valuables deliver the deposit receipt to their ward officers in person. The ward officer in turn represents the patient in the office of the custodian of patients' funds and valuables, makes the requested withdrawal, and signs for it.

g. Deceased patients.

Upon the death of a patient the ward officer, or in his absence the officer of the day of the service responsible for the case, makes an immediate search of the deceased person, his bed, bedside table, and of the ward for clothing, money, valuables, or other effects belonging to the patient. Any money or valuables found are itemized on a deposit form in duplicate, and the form signed by the officer making the search. The search ordinarily is made in the presence of a witness who also signs the form. After this action the forms, together with any money and valuables found, are delivered immediately in person by the officer making them to the custodian of patients' funds and valuables who signs both copies, delivers the duplicate to the officer who presented them, and files the original for future reference. If death occurs during closed office hours, the officer will deliver them at 0900 the following day.

h. Financial transactions with patients.

No enlisted man or civilian employee of the command will have any financial transactions whatsoever with patients. Under no circumstances will money or valuables of patients be received or delivered by them.

4. SERIOUSLY ILL PATIENTS

a. Report by Ward Officer

In every case when recovery from illness or operation is not expected or is considered doubtful, the ward officer in charge of the case enters the patient's name on the list of seriously ill and then prepares and signs a Report of a Seriously Ill Case. Particular attention is given to the name, relationship, and address of the person to be notified in case of emergency. This information is transmitted immediately to the Registrar or Administrative Officer of the Day. As soon as possible after a patient's name is placed on the seriously ill list, the ward officer makes an attempt to induce him to turn over his money and valuables for safekeeping to his relatives if they are present, or to the Registrar. If the patient is semi-comatose or unconscious, the ward officer collects money and valuables in possession of the patient and turns them in to the Registrar for safekeeping. In the absence of the ward officer, the above procedure is carried out by the professional officer of the day or any other medical officer who may be called in attendance.

b. Information Office Action

(1) Noncommissioned officer in charge.

(a) Upon receipt of a report of a seriously ill case during office hours, it is noted promptly and initialed by the non-commissioned officer in charge of the information office with notation of time received, after which action he immediately delivers it to the registrar for further appropriate action and advises the indicated chaplain of the patient's condition. He keeps posted in a conspicuous place in the information office a list showing the name, status, and ward of all patients in whose cases such reports have been received.

(b) Upon receipt of report of seriously ill case during other than office hours, the noncommissioned officer in charge of the information office proceeds as directed in (a) above except that the report is delivered immediately to the administrative officer of the day.

(2) Administrative officer of the day.

Upon receipt of a report of a seriously ill case, the administrative officer of the day promptly notes and initials the report and if immediate action is indicated he personally verifies the name and address of the person to be notified with that shown in the information office index card and notifies the designated relative or friend by telegram of the patient's condition. The report of seriously ill cases together with a copy of telegram sent is transmitted to the registrar by the administrative officer of the day.

c. Registrar's Action

Upon receipt of a report of a seriously ill case, the Registrar immediately places the patient's name on the list of seriously ill cases

maintained in his office, notifies the information office, and sees that the patient's name is placed on the list of seriously ill maintained in that office. He then takes such action toward notifying the relatives or friends as may be indicated, after which the form accompanied by a copy of the telegram or letter of notification is retained in a live file until final disposition of the case has been made. In the event of patient's death the form is appended to the death records of the case.

d. Cessation of condition

When a patient who has been reported seriously ill is considered out of danger, the ward officer in charge of the case removes his name from the list of seriously ill maintained in the ward office and then prepares and signs a Report of Removal from Seriously Ill List and forwards the report to the Registrar. Upon receipt of the form, the Registrar immediately removes the name of the patient from the seriously ill list maintained in his office and notifies the relative or friend previously advised of the patient's condition. He also informs the non-commissioned officer in charge of the information office who removes the patient's name from the list of seriously ill.

e. List

(1) A list of seriously ill is maintained in:

- (a) Information office
- (b) Registrar's office
- (c) Each ward office
- (d) Office of the commanding officer

(2) The lists maintained in the information office and registrar's office carry the names of all patients who have been reported seriously ill until such a time as report of removal from seriously ill list is received.

(3) Ward officers keep a list of all patients in their wards who have been reported seriously ill in conformity with (1) above. This list is prepared and is conspicuously displayed at all times on the nurse's desk and checked daily by the ward officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been removed from the list. If there are no seriously sick in a ward, remark to that effect is entered on the form.

f. Transfer to another ward

When a patient carried on the seriously ill list is transferred to another ward, the transferring office removes his name from the list maintained in his ward and makes the following notation in a conspicuous place on the face of request for transfer of patient which accompanies the patient: "Patient on seriously ill list." The ward officer of ward to which patient is transferred places patient's name on the seriously ill list of that ward as soon as possible after transfer is completed.

P H A R M A C Y

1. DETAIL, EMERGENCY

The officer in charge of the Pharmacy will detail daily from the personnel allotted him a competent attendant for emergency duty during the period the Pharmacy is closed. The name of the attendant so detailed will be furnished the sergeant major's office daily. The attendant so detailed will not leave the hospital area during his tour of duty and will keep the noncommissioned officer in charge of the Information Office and commanding officer of Medical Detachment constantly informed of his whereabouts.

2. LABELS, PREPARATION OF

Before issuing a compound prescription, the compounder will assure himself that the label shows:

- a. The serial number of the prescription and the date compounded.
- b. The name of the person, ward, or clinic for which intended.
- c. The directions as written on the prescription, or in the event that no directions are written the contents of the container, the name of the officer who wrote the prescription, and the initials of the pharmacist who filled the prescription.
- d. That all "poisons" as defined by AR 40-590, paragraph 21 c (4) are properly labeled with a "Poison" label.

3. MEDICINE, AUTHORITY FOR DISPENSING

Except in cases of emergency no drug or medicine of any kind will be dispensed from the Pharmacy except on a prescription signed by an officer of the Medical Corps or the Dental Corps. No prescription will be refilled except on a written prescription calling for such refilling, the prescription number being given.

4. NONCOMMISSIONED OFFICER IN CHARGE, DUTIES AND ASSISTANTS

A qualified noncommissioned officer of the Detachment, Medical Department, will be assigned in immediate charge of the Pharmacy and will be directly responsible to the officer in charge for its proper operation. He will be furnished such assistants from the Detachment, Medical Department, as may be necessary. The noncommissioned officer in charge of the Pharmacy is responsible that the prescriptions are compounded in accordance with the U. S. Pharmacopeia, Dispensatory and National Formulary, that due care is taken in compounding, and that prescriptions in which the prescribed dose exceeds physiological limits be not issued without verification by the prescriber, and that prescriptions are properly filled and labels are prepared in conformity with these regulations.

5. OFFICER IN CHARGE, DUTIES OF

A Medical Department Officer will be detailed as officer in charge of the Pharmacy. He will maintain personal supervision over the Pharmacy and will be directly responsible for its efficiency. He will cause the necessary records to be maintained in the case of alcoholic liquors and narcotics and will make the necessary checks and verifications required by existing regulations. (AR 40-590)

6. OPERATION TO BE IN CONFORMITY WITH ARMY REGULATIONS

The management and operation of the Pharmacy at this hospital will be in conformity with paragraph 17, AR 40-590, and all personnel assigned to this department will acquaint themselves with the provision of this paragraph.

7. PRESCRIPTION: COMPOUNDING OF

Before filling any prescription, the compounding pharmacists will make sure that:

a. The prescription is properly dated, is written for a definite person, ward or clinic, and that it bears the patient's name and ward number, or name of clinic or designation of ward.

b. It contains directions for use unless it calls for original and unbroken package of a drug, or a drug which constitutes part of the stock in the ward medicine cabinets.

c. The wording of the prescription is clear and unmistakable and that the dose of the active drug is not excessive.

d. The prescription is signed by a medical officer or an officer of the Dental or Veterinary Corps for medical supplies needed in their respective services.

8. PRESCRIPTION: NOTATIONS THEREON

All prescriptions will be written in the metric system and signed by a medical officer except those signed by officers of the Dental and Veterinary Services, which will be filled without reference to a medical officer. The noncommissioned officer in charge will file all prescriptions as prescribed in existing regulations. (AR 40-590)

P R O F E S S I O N A L
S U R G I C A L S E R V I C E

1. GENERAL PROVISIONS

a. Personnel

(1) Commissioned

Chief of Surgical Service, Lt Col, MC.....	1
Asst Chief of Surgical Service and Chief of	
Anesthesia and Operating Section, Major MC.....	1
Chief General Surgery Section, Major, MC.....	1
Chief Septic Surgery Section, Major, MC.....	1
Chief E.E.N. & T. Section, Major, MC.....	1
Chief Genito-urinary, Major, MC.....	1
Chief Orthopedic Surgery & Physiotherapy, Major, MC	1
Surgical Ward Officers, Captains.....	6
1st Lieutenants.....	4
Total commissioned personnel	<u>17</u>

(2) Enlisted

T/Sgt (861).....	1
Optometrist (452).....	1
S/Sgt (673).....	1
Sgt, Chief Clerk (052).....	1
Cpl (673).....	6
Clerk Typist, T-4 (405).....	1
Hospital Orderly (695).....	34
Surgical Technician, T-3 (861).....	10
Surgical Technician, T-4 (861).....	11
Surgical Technician, T-5 (861).....	21
Surgical Technician, (861).....	<u>19</u>
Total enlisted personnel	106

b. Organization

The Surgical Service will constitute part of the Professional Division of this hospital. It will be subdivided into the following sections:

- (1) Anesthesia and Operation Section
- (2) Eye, Ear, Nose, and Throat Section
- (3) General Surgery Section
- (4) Genito-Urinary Section
- (5) Orthopedic Surgery and Physiotherapy Section
- (6) Septic Surgery Section

c. Chief of Service

The senior medical officer assigned to duty with the Surgical Service will be in charge thereof and will be designated as the Chief of Surgical Service. Based upon training, demonstrated ability and fitness, professional skill and trustworthiness, he will with the approval of the commanding officer make assignments of medical officers to the various sections of the service. He will supervise and be responsible for the administration, sanitation, and police of the section, wards, and clinics pertaining to his service and for the professional care and treatment of patients therein and the correct completion of their clinical records before transmitting them to the Registrar. He will provide for complete 24 hour coverage of his service to insure prompt and skillful attention to any patient that may need emergency surgery.

d. Assistant Chief of Service

A competent medical officer assigned to the Surgical Service will be designated as the Assistant Chief of Service. He will perform such duties as may be assigned to him by the Chief of Service. He will also act as Chief of the Section on Anesthesia and Operating.

e. Chief of Section

Each of the Sections listed in paragraph b above will be conducted by a designated medical officer who will be known as the Chief of _____ Section. He will be responsible to the Chief of Service for the administration and operation of his section and care and treatment of all patients therein.

f. Staff Meetings

The Chief of the Surgical Service will arrange for Service Staff Meetings and Groups for the review of professional journals. Administrative and professional matters pertaining to the Service will be discussed and reports made of unusual cases which present diagnostic difficulties.

g. Consultations

The Chief of Surgical Service will comply promptly with all "Requests for Consultations", MD Form 55 E-1, made to and within his service. In order to assure utilization of maximum professional assistance, he will designate the consultant by name (AR 40-1025)

h. Reports

The Chief of the Surgical Service will submit to the commanding officer at the end of each month, reports in duplicate of the number of our-patients treated and the number of treatments administered to

out-patients in the various sections of the service. He will also furnish any additional data which the commanding officer may require such as: the number of major and minor surgical procedures; the types and numbers of anesthetics administered; and the number of consultations requested and performed.

i. Check List - General

(1) Organization of the Surgical Service.

(2) How often a complete inspection of entire service is made by the chief of surgical service.

(3) How often are professional conferences held.

(4) How transfers of patients from one ward to another ward are handled.

(5) Copies of hospital rules are posted in convenient places where they may be seen by patients and duty personnel.

2. ANESTHESIA AND OPERATING SECTION

a. Organization

The general operating, anesthesia, sterilizing, preparation and supply rooms of the operating pavilion will constitute the section known as the Anesthesia and Operating Section of the Surgical Service.

b. Chief of Section

The Assistant Chief of the Surgical Service will, under the direction of the Chief of Surgical Service, be in charge thereof and will be known as the Chief of the Anesthesia and Operating Section, in addition to the above designation.

c. Duties of the Chief of Section

The duties of Chief of Section in general will be as follows:

(1) He will be in charge of the Operating Pavilion, the personnel assigned thereto, and the property therein; he will be responsible for the maintenance, proper preparation, sterilization and storage of a sufficient stock of surgical dressings and an adequate supply of cast material; he will be responsible for the good order, cleanliness, neatness, and proper maintenance of the Operating Pavilion and its equipment; and he will be responsible for the readiness of the Operating Pavilion at all times to meet any surgical emergency.

(2) He will instruct and supervise anesthetists and other personnel assigned to the Section and will be responsible for the proper administration of anesthetics and the post-operative care of the patients until they are delivered to the authorities in their respective wards.

d. Report of Pre-operative Examination

Except in cases of emergency, all patients will be subjected to a careful physical examination by a medical officer of the section responsible prior to the administration of an anesthetic of whatever nature. The Report of Pre-operative Examination (Form 55 O-1 MD) will be signed by the examiner and sent to the operating room with the patient. (AR 40-1025).

e. Anesthetic Record

The reverse side of MD Form 55 O-1, the Anesthetic Record, will be prepared by the anesthetist during and completed immediately following the termination of the operation and the anesthetic. It will be returned to the ward with the patient as part of the clinical record of the case.

f. Emergency Operating Staff

The Chief of the Surgical Service will make the necessary arrangements to provide emergency surgical care on a twenty-four basis. He will be responsible that a qualified surgical team remains on call at all times. Two surgical nurses on call will be immediately available for any surgical emergency, and two or more enlisted men will be detailed to remain in the Surgical Pavilion at all times.

g. Miscellaneous

When authorized by the Chief of the Surgical Service, Wards and Clinics may obtain from the Surgical Pavilion certain non-expendable items and sterilized "sets" for diagnostic and therapeutics procedures. When such items are obtained they will be signed for in duplicate by the Ward Officer or his authorized representative. All items obtained from the Surgical Pavilion will be returned within a reasonable length of time, the maximum limit being 24 hours. Articles sterilized in the Surgical Pavilion for various wards and clinics will be called for within 24 hours.

h. Reports

At the end of each month a report will be submitted to the Chief of the Surgical Service enumerating the number and types of major and minor operations performed by the various Sections during the month, the number and types of anesthetics administered and any unusual or noteworthy cases.

i. Check List

- (1) Are medical and surgical supplies adequate and satisfactory?
- (2) All medical property is secure from theft, fire, and other damage.

(3) Any accumulation of supplies or equipment on hand above present needs.

(4) Any obsolete, damaged, or unserviceable property on hand.

(5) There is a file of property held on memorandum receipt.

(6) Medical property has been examined and VERIFIED by a Medical Department officer during the past six months.

(7) Alcohols, narcotics, and potent poisons are kept under lock and key.

(8) Catheters and other rubber goods are protected by the use of talc.

(9) Regulations and instructions for the guidance of operators and attendants are posted.

(10) Any cases of post-operative infections in the past six months.

(11) (a) Operating personnel are satisfactory and sufficient.

(b) Operating and dressing room attendants are well qualified and have a clear concept of aseptic operating.

(12) Routine instructions for preparation and after-care of patients following major operations are published.

(13) All parenteral solutions are being properly prepared.

(14) What equipment is ready to care for any emergency arising during a major operation.

3. EYE, EAR, NOSE AND THROAT SECTION

a. Organization

The Eye, Ear, Nose and Throat Section will constitute a part of the Surgical Service of this hospital for the examination and treatment of Eye, Ear, Nose and Throat patients in the hospital and for those patients referred to it on consultation or examination requests.

b. Chief of Section

The senior medical officer assigned to duty in the section will be in charge thereof and will be known as the Chief of the Eye, Ear, Nose, and Throat Section. He will assign to duty all personnel allotted to his section and hold them responsible for the proper performance of their duties. He will supervise and be responsible for the administration, sanitation and police of the wards and clinics pertaining to his section, for the professional care and treatment of patients therein and for the correct completion of their clinical records before transmitting them to the Chief of the Surgical Service.

c. Treatment of Hospital Patients.

Hospital cases will ordinarily be treated in the wards set aside for the Eye, Ear, Nose and Throat Section but when intercurrent disabilities are present, they may be treated in wards set aside for those particular disabilities.

d. Treatment of Out-Patients

Out-patients will be treated in the Eye Clinic or the Ear, Nose and Throat Clinic only when referred thereto by the Chief of the Out-Patient Service. They will not be required to pass through the Out-Patient Department for subsequent treatment of the initial ailment.

e. Report of Examinations

When a patient is referred to the Eye Clinic or the Ear, Nose, and Throat Clinic for examination, the referring officer will prepare and sign in duplicate either Form No. 55 E-2, MD, "Ophthalmologic Examination", or Form No. 55 E-3 MD, "Ear, Nose and Throat Examination", and forward it to the clinic. The original will be returned by the clinic to ward or Out-patient department (AR 40-1025).

f. Records

(1) The Chief of Section will maintain an out-patient index and on the last day of each month transmit to the Chief of the Surgical Service an Out-patient Report giving the total number of out-patients treated and the number of treatments administered.

(2) The Chief of Section will prepare reports of operation (Form No. 55 O-2 MD) for all operations performed in the Eye, Ear, Nose and Throat operating room, the original of which will be transmitted to the proper ward officer for file with the patient's clinical record. (AR 40-1025)

4. GENERAL SURGERY SECTION

a. Organization

The section devoted to general surgery will be known as the General Surgery Section. It will occupy such wards and space as may be designated by the commanding officer. The staff will consist of such medical officers, members of the Army Nurse Corps, and enlisted men as may be assigned to it.

b. Chief of Section

The senior medical officer assigned to the Section will be in charge thereof, and will be known as the Chief of the General Surgery Section.

c. Class of Cases Treated by This Section

(1) All general surgical cases which are non-infected will be treated on this section. If while under treatment on this section patients develop infections, they will be transferred to the Septic Surgery Section, unless the move would be detrimental.

(2) General surgery patients assigned to wards in other sections will be cared for by the General Surgery Section. Histories on patients referred to in this paragraph will be written by the patient's own ward officer. Responsibility for surgical treatment and progress notes pertaining thereto will rest with the General Surgery Section from the time the case is referred to the Surgery Section until "Surgical Clearance" is given.

5. GENITO-URINARY SECTION

a. Organization

The Genito-Urinary Section will function as part of and under the jurisdiction of the Chief of the Surgical Service, who will be responsible for the proper operation of the section.

b. Chief of Section

The senior officer assigned to duty in the Genito-Urinary Section will be in charge thereof and will be known as the Chief of the Genito-Urinary Section. He will be responsible for the care and treatment of patients on this section, administration, discipline, sanitation, and police of the section, the procurement and safeguarding of government property and the maintenance of all records and rendition of reports pertaining to the section.

c. Class of Cases Treated

The examination and treatment of patients with non-venereal complaints associated with the genito-urinary system. (All treatment of Syphilis and uncomplicated gonorrhea is now a function of the Medical Service). Late complications of gonorrhea, as strictures, suppurative epididymitis, etc. would logically come within the province of this section.

d. Genito-urinary Operations

All minor operations will be performed in the Minor Surgery Room of the Surgical Pavilion, and will be scheduled 24 hours in advance. All other cases will be performed in the main operating rooms. The approval of the Chief of the Surgical Service or his commissioned representative will be obtained in advance for these cases.

e. Consultations

All consultations will be made on MD Form No. 55 E-1 after being approved by the service concerned. The chief of the Genito-Urinary Section will be responsible for the prompt rendition of all consultations to this section (AR 40-1025)

6. ORTHOPEDIC SURGERY AND PHYSIOTHERAPY SECTION

a. Orthopedics

(1) Organization

The section devoted to orthopedic cases will be known as the Orthopedic Surgery Section and will function under the Chief of the Surgical Service. It will occupy such wards as may be assigned to it from time to time by the commanding officer, and will operate in connection therewith a workshop known as the Orthopedic Workshop for the manufacture of braces and other orthopedic appliances. The staff will consist of such commissioned officers, members of the Army Nurse Corps, and enlisted men as may be assigned to it.

(2) Chief of Section

The senior officer assigned to duty in the section will be in charge thereof and will be known as Chief of the Orthopedic Section. He will be directly responsible for its operation and efficiency.

(3) Class of Cases Treated

(a) All non-infected cases admitted to the hospital for strictly orthopedic conditions, including all types of clean fractures, will be admitted directly to the orthopedic wards for treatment (except fractures of the maxillae which will be treated by the Eye, Ear, Nose and Throat Section and the Dental Service).

(b) Infected orthopedic cases will be admitted to the Septic Surgery Section and treated therein until definite orthopedic measures directed to reconstruction are indicated when they will be transferred to the Orthopedic Surgery Section for this purpose.

(c) Patients in wards other than the orthopedic wards, for whom orthopedic treatment is desired or for whom orthopedic appliances may be necessary, will be treated by this section. Progress notes will be kept up to date by the officers administering treatment.

(4) Orthopedic Appliances

Facilities will be developed and maintained by the Orthopedic Surgery Section for the construction and maintenance of the simpler types of appliances, splints and braces. Requests for appliances, repairs, shoe adjustments, etc. will be made to the Chief of the Orthopedic Section.

(5) Report

On the last day of each month the Chief of Section will transmit to the Chief of the Surgical Service a report giving the total number of out-patients treated and the number of treatments administered.

b. Physiotherapy

(1) Organization

The Physiotherapy Section embraces all methods and apparatus for the treatment of patients by means of exercise, massage, hydrotherapy, thermotherapy, actinotherapy, electro-therapy and other physical means useful in treating injuries and diseases. The personnel will consist of such commissioned officer, physiotherapy aides, and enlisted men as may be assigned to this section.

(2) Chief of Section

The Chief of the Orthopedic Section will also function as Chief of the Physiotherapy Section.

(3) Chief Physiotherapy Aide

The work of the Physiotherapy Aides will be under the supervision and direction of the Chief Physiotherapy Aide, who will be responsible for their discipline and training and will assign them to duty in the various departments of the section.

(4) Class of Patients Treated

Patients from the wards and out-patients will be examined and treated at the request of medical officers. No treatments will be administered in the Physiotherapy Section other than those approved by the Chief of Section.

(5) Treatment

The Chief of Section or a commissioned assistant will:

(a) Examine each patient prior to the institution of treatment.

(b) Prescribe the treatment after consideration of recommendations of the officer requesting treatment.

(c) Make such changes in treatment as the condition and progress of the case indicates.

(6) Discontinuance of Treatment

When a patient is considered cured or has obtained the maximum benefit from Physiotherapy the officer who referred the patient will be notified by an appropriate notation on Form 55-N, MD.

(7) Records

(a) A record will be kept of every patient treated.

(b) In addition to the record required above, an out-patient index will be maintained and at the end of each month a report submitted to the Chief of Surgery giving the total number of out-patients treated and the number of treatments administered.

(c) In addition a monthly report will be sent to the Chief of the Surgical Service of all treatments given to patients in the hospital.

7. SEPTIC SURGERY SECTION

a. Organization

The section devoted to the treatment of infected and septic cases will be known as the Septic Surgery Section. It will occupy such wards and space as may be designated by the commanding officer. The staff will consist of such medical officers, members of the Army Nurse Corps, and enlisted men as may be assigned to it.

b. Chief of Section

The senior officer assigned to the section will be in charge thereof and will be known as the Chief of the Septic Surgery Section. He will be directly responsible for its operation and efficiency.

c. Class of Cases Treated

(1) All cases admitted to the hospital for strictly surgically septic conditions, including suppurative pleurisy, will be treated by this section.

(2) Patients in wards other than those assigned to this section who have septic conditions will be dressed and cared for by this section. Progress notes covering treatments and condition of the patients will be written by the officers rendering the treatment.

d. Report

The Chief of Section will maintain an out-patient index of patients other than those sick in the hospital, and on the last day of each month transmit to the Chief of the Surgical Service a report giving the total number of patients treated and the number of treatments administered.

RECEIVING AND
EVACUATION OFFICE

1. ADMISSION OF PATIENTS

a. All patients will be admitted to the hospital through the Receiving and Evacuation office where the required admission data will be made of record and the assignment of the proper ward effected. In emergency cases the patient may be taken directly to the ward and the necessary admission data obtained later.

b. Patients with communicable diseases arriving by ambulance will not be permitted to leave the ambulance, but after being seen by the Receiving and Evacuation office will be sent in same ambulance direct to the proper ward. They will be conducted by the nearest route to the communicable disease section by an orderly who will take proper steps to prevent patients coming in contact with other patients.

c. The Receiving and Evacuation Officer will in the case of each patient admitted to the hospital see that the patient is admitted to proper ward for treatment.

d. Patients admitted to the hospital will be examined physically without delay by the Receiving and Evacuation Officer or his representative or in his absence by a professional Officer of the Day, and such orders given as will be necessary for the treatment, care, etc. The ward officer will see each patient as soon as possible after admission. (At the latest, within the hour.)

e. When prisoners or insane cases are admitted, their guard or attendants will escort them to the proper ward accompanied by an orderly from the Receiving and Evacuation Office. This type of patient will be searched by an officer in the Receiving office and all effects which might prove dangerous to themselves or others taken from them. Prisoners who are not mental patients may be allowed to retain their safety razors.

f. Upon admission of emergency surgical cases where operative procedure is indicated during hours other than those when the operating room is open, the admitting officer will cause the emergency operating room personnel, including nurses and enlisted men, to be immediately notified in order that the operating room may be made ready to function. At the same time he will notify the chief of the surgical team on call.

g. A list will be maintained in the Receiving and Evacuation Office, designating the types of cases normally admitted to each ward to be used as a guide to assist any admitting officer in making the proper ward assignments and to obviate transfers or later adjustments. Wards will accept without question patients assigned thereto by the

admitting officer. Any reassignment that may appear necessary will be effected as prescribed in regulations.

h. Patients admitted to the hospital are conducted to the proper ward by an orderly who in all cases carries any baggage the patient may have.

i. For patients arriving by boat or train, transportation will be arranged by the Receiving and Evacuation Officer. He will accept any baggage check of such patients and see that baggage is picked up on arrival.

2. AMBULANCE SERVICE

a. Ambulance service will be furnished under the directions of the Receiving and Evacuation Officer or, in his absence, the professional officer of the day who will conform to the provision of AR 40-75 in the conduct of this service. All ambulances dispatched for patients will be furnished such enlisted or officer attendants as circumstances may require. In all such cases an attendant will accompany ambulance when dispatched for patients being admitted.

b. General use of ambulances. Ambulances will be used for the following purposes only:

- (1) The transportation of the sick and wounded.
- (2) Medical Department personnel in performance of their duty.
- (3) Recreation of convalescent patients.
- (4) The instruction of the Medical Department
- (5) In the field in urgent cases for the transporting of Medical Supplies.

c. The ambulance dispatcher during office hours and the non-commissioned officer in charge at other times will enter in a book kept for that purpose the time call was received, the name of the individual requesting ambulance, the time ambulance was dispatched, destination and the time ambulance returned to the hospital.

3. DISCHARGE OF PATIENTS

a. The final discharge of patients from the hospital will be accomplished by the Receiving and Evacuation Officer.

b. Recording

The receiving and disposition officer supervises the recording of the discharge of patients from the hospital. A record of all discharges from the hospital is entered on the admission and departure sheet, the data therefor being obtained from the disposition slips of discharged patients. After entry has been made, the disposition slip is transmitted to Registrar for permanent file.

c. Procedure for other than separation from service or transfer to another hospital.

- (1) Patients on officer status:

(a) Upon completion of treatment the ward officer closes the clinical record by bringing the progress notes up to date, and initiates a single copy of the disposition slip. The clinical record and disposition slip are sent by the ward officer to the chief of the service concerned.

(b) In the event he approves of the discharge, the disposition slip is initialed by him and forwarded to the adjutant. When the disposition slip is forwarded to the adjutant, the clinical record is returned to the ward officer with appropriate notations thereon, and is held by him until the patient's discharge is effected.

(c) Upon receipt of the disposition slip by the adjutant, orders are requested if necessary. When the necessary orders have been received, or immediately in cases where orders are not necessary, the adjutant notifies the ward officer to send the patient to the sergeant major's office for settlement of his accounts and to acknowledge receipt of his orders. The patient is then discharged from the hospital. Upon discharge from hospital the adjutant forwards the completed disposition slip to the receiving and disposition officer. The ward officer, when notified by the adjutant to send the patient to his office for discharge closes the clinical record as soon as practicable and sends it to the registrar.

(d) Officer patients will be required to show that mess account is paid before discharge.

(2) Patients on enlisted status

(a) Upon completion of the treatment the ward officer closes the clinical record and initiates a single copy of the disposition slip. The clinical record and disposition slip are then sent to the chief of service concerned. When he is of the opinion that the patient requires further hospitalization he returns the papers to the ward officer with a memorandum of instruction. If he approves of the discharge, request for orders for enlisted men are prepared for the signature of the adjutant and forwarded to the adjutant's office. The approved disposition slip and clinical record are forwarded to the commanding officer, detachment of patients, by the chief of service.

(b) Prior to the discharge of enlisted patients other than from command, the commanding officer, detachment of patients, furnishes the patient with a "clearance form", and instructs him to have it initialed by the heads of the departments concerned and return the form to the detachment of patients office where it is filed in his 201 file.

(c) Upon receipt of special orders by the commanding officer, detachment of patients, for enlisted men, or immediately upon receipt of disposition slip in other cases, he notifies the ward officer to send the patient to the office of the commanding officer,

detachment of patients, who secures the necessary transportation for the patients from the transportation officer; prepares a clearance on Patient's Property Card; instructs the patient to proceed to the baggage room to procure his clothing and return to the office of the commanding officer, detachment of patients. He then on his return receives his transportation and is discharged.

(d) The commanding officer, detachment of patients, retains all disposition slips and clinical records until the patients are discharged. He then causes them to be forwarded by 4:00 PM the same day, the completed disposition slip to the receiving and disposition officer, and the clinical records to the registrar.

(e) The receiving and evacuation officer will inspect all enlisted men returned to duty from the hospital and will see that none are permitted to leave in improper uniform.

d. Separation from Service or Transfer to Another Hospital

(1) Officers

(a) When the adjutant receives proper military information that an officer patient is to be separated from the service or transferred to another hospital, he notifies the ward officer concerned. The ward officer closes the clinical record, initiates a disposition slip, and sends them together to the chief of the service concerned. The chief of the service carefully checks the clinical record, and if he approves he so marks the disposition slip and returns it to the ward officer. He also approves the clinical record, has prepared from it an abstract to accompany patient being transferred to other hospital, and then transmits the clinical record to the registrar.

(b) When the adjutant is ready for the discharge or transfer of the officer he has the ward officer send the officer with the disposition slip to the office of the sergeant major where the officer is required to settle his accounts. The disposition slip then is completed by the adjutant who notes on the disposition slip the exact time of departure of the officer. The completed disposition slip is forwarded by the adjutant to the receiving and evacuation officer who uses it as his authority to drop the officer from the records of the hospital.

(c) In the case of an officer who is retired from active service or a Reserve Officer who is relieved from active duty and remains a patient in the hospital the clinical record and disposition slip are disposed of as in (a) above except that no abstract is made. When the actual time of transfer of status has arrived, the adjutant notifies the ward officer and calls for the disposition slip. He then marks the disposition slip to show the actual disposition of the officer and transmits it to the receiving and disposition office.

(2) Enlisted Men

(a) When an approved CDD or a request for orders to transfer an enlisted man to another hospital is received by the commanding officer, detachment of patients, he immediately calls the ward officer concerned, informs the ward officer of the probable date of discharge or transfer of the patients, and requests that the complete clinical record and disposition slip be forwarded as soon as practicable to the chief of the service concerned. The ward officer then completes the clinical record, initiates the disposition slip, and forwards them together to the chief of service concerned. The chief of the service carefully checks the clinical record. An abstract of the clinical record for cases transferred to other hospitals is prepared in his office from the clinical record to accompany cases to be transferred. He forwards the approved disposition slip and clinical record to the commanding officer, detachment of patients, where they are held until the discharge or transfer has been completed.

(b) The commanding officer, detachment of patients, proceeds to prepare the necessary final papers for enlisted men and has them ready for delivery to the patient on his discharge or to the hospital to which he is being transferred on the date of transfer.

(c) On the date that the patient is actually discharged or transferred the commanding officer, detachment of patients, completes the disposition slip, stating on it whether the patient is actually leaving this hospital or remaining under the authority of AR 40-590 as a retired enlisted man or as a beneficiary of the Veteran's Administration. At the same time he transmits the clinical record to the registrar.

(3) Action by receiving and evacuation officer

When the completed disposition slip is received by the receiving and evacuation officer from either the commanding officer, detachment of patients, or the adjutant, it is his authority for dropping the patient from the records of the hospital.

e. Leave or Furlough

(1) When a military patient is authorized to depart on leave or furlough, the ward officer concerned brings the clinical record up to date, prepares a disposition slip, and sends both the clinical record and the disposition slip by an attendant with the patient to the receiving and evacuation office. The disposition slip is appropriately marked to show the time patient departs on leave or furlough and the time of his expected return, and is attached to the clinical record. The patient is instructed that on his return he reports first to the receiving and evacuation office. The clinical record is retained by the receiving and evacuation officer until the return of the patient at which time it is forwarded to the ward to which the patient may be assigned.

(2) If the patient fails to return on time and no extension of his time is authorized by the commanding officer, an appropriate entry is made on the disposition slip to show the patient as AWOL.

f. Absence without leave

Whenever a patient of any status leaves the hospital without leave, the ward officer brings the clinical record to date and makes a single copy of the disposition slip, entering thereon the time and day of the patient's departure. He immediately transmits both the clinical record and the disposition slip to the receiving and evacuation officer who retains the clinical record.

g. Hospital to quarters status

When it is desired to change the status of a military patient from "hospital" to "quarters", the ward officer brings the clinical record to date, makes such entries therein as may be appropriate, and prepares a single copy of the disposition slip so altered as to show plainly that the patient is going on a quarters status, after which he transmits both records to the chief of service. He approves the disposition slip and forwards same with clinical record to the sergeant major, who makes the proper record and forwards the papers to the officer in charge of the dispensary. The ward officer directs the patient to report to the officer in charge of the dispensary who gives him the necessary instructions to report each day and any other pertinent professional direction. He sends the disposition slip with appropriate remarks to the receiving and evacuation officer and holds the clinical record himself. The receiving and disposition officer takes such information as he needs from the disposition slip and returns it. When the case is completed the officer in charge of the dispensary completes the disposition slip and clinical record.

4. EVACUATION OF PATIENTS BY BOAT OR RAIL

The Receiving and Evacuation officer is responsible for the proper evacuation to train or boat of all patients transferred to other hospitals, their homes or elsewhere. He will familiarize himself with the details of evacuation and is responsible for its conduct until the patient and attendants are actually on the boat or train. Attendants detailed to accompany patients report to the Receiving and Evacuation officer in advance of their departure for instructions regarding their specific duties. Patients transferred without attendants report to him for instruction. In either event, he provides local transportation. In cases of evacuation scheduled for hours when the Receiving and Evacuation officer is off duty, he advises the Medical Officer of the Day and informs him of the details of evacuation.

5. FUNCTION

a. The Receiving and Evacuation Office at this hospital will be under the immediate supervision of an officer of the Medical Corps

designated as the Receiving and Evacuation Officer.

b. When absent from his office, the duties will be assumed by the Medical Officer of the Day. The admission and discharge of all patients to and from the hospital will be accomplished through the receiving and evacuation office. The ambulance service of the hospital will be regulated by the receiving and evacuation office.

6. NONCOMMISSIONED OFFICER, SPECIAL DUTIES OF

a. The noncommissioned officer on duty at the time of arrival of a person for admission to hospital will immediately notify the Receiving and Evacuation officer or in his absence a professional officer of the day, ordinarily the medical officer of the day.

b. In addition to the duties in the Receiving and Evacuation Office, noncommissioned officers on duty in that office will function under the officer of the day in all matters relating to their tours of duty. They will keep themselves constantly informed of the whereabouts of the officers of the day and will notify them whenever needed. They will receive and transmit telephone calls. They will inform appropriate chaplains of all cases of seriously ill patients. They will prepare the daily reports of the officers of the day. They will keep themselves informed of the whereabouts of the noncommissioned officers in charge of the wards and clinics and transmit to him messages and orders. They will familiarize themselves with and instruct enlisted personnel serving under them in all orders and regulations of the hospital, especially those pertaining to the officers of the day, Receiving and Evacuation Officer, fire regulations, camp defense and hospital guard.

7. OFFICE HOURS

The Receiving and Evacuation office will be opened the entire twenty-four hours of each day. The hours for the receiving and evacuation officer will be from 0800 to 1200, 1300 to 1700, or as announced from time to time. The medical officer of the day will perform the duties of the Receiving and Evacuation officer during his absence.

8. OUT-PATIENT SERVICE

If furnished by hospital, there will be available emergency kits for out-patient calls and emergency ambulance calls.

9. PERSONNEL

a. Commissioned

The Receiving and Evacuation Officer and Medical Corps assistants as assigned.

b. Enlisted

Detachment Medical Department will detail such noncommissioned officers, technicians and privates as may be necessary and available for the proper conduct of the office. The Receiving and Evacuation Officer will arrange that a noncommissioned officer is on duty at all times in the Receiving and Evacuation Office.

10. RECEIVING AND EVACUATION OFFICE

The Receiving and Evacuation officer will be responsible for:

- a. Admission of all patients to the hospital.
- b. Final discharge of patients from the hospital.
- c. Regulation of ambulance service provided by the hospital.
- d. Preparation and rendition of prescribed reports and forms pertaining to his office.
- e. The strict observance of regulations governing funds and valuables of the patients upon admission to the hospital.
- f. Proper care and medical treatment of patients from the time of their arrival at this office until a ward officer has assumed charge of the case.
- g. Admission of only those patients to the hospital who are entitled to admission to army hospitals (See paragraph 6, AR 40-590).
- h. All property issued to this office and property exchange involved in transfer of patient.

11. REPORTS

The Receiving and Evacuation Officer is responsible for the preparation and disposition of the following records:

- a. The forms prepared on the admission of all patients:
 - (1) Clinical Record, Brief (WD MD Form No. 55-a), prepared in triplicate and initialed by the admitting officer. Original sent to ward with patient, duplicate to registrar, and the triplicate to the Information Office; thence to the chaplain and director of Red Cross. The duplicate and triplicate may be made on blank second sheets of same size as form.
 - (2) Ward Roster Card prepared in triplicate and accompanies patient to the ward. Two copies to be used for ward rosters and one for use with clinical record jacket.
 - (c) Deposit slip, patients' funds and valuables. Prepare single copy if no deposit is made and triplicate if deposit is made. All copies of the form are signed by patient and admitting officer.

In case form is made in triplicate, one copy is given patient as his receipt and the original and duplicate copies sent to the Custodian, Patients' Fund, with the deposit. If no deposit is made, the original is signed by patient and admitting officer and delivered to Custodian of Patients' Funds.

b. The reports prepared daily or as otherwise directed:

(1) Admission and departure sheet. The record of patients who have been admitted, who have departed, who have been transferred (with the numbers of the wards involved), and record of any patients whose status has changed. This report covers the period from mid-night of one day to midnight the following day, and is disposed of in accordance with instructions issued from time to time.

(2) Patients' daily classification report.

(3) Daily report of hospital bed status.

(4) Roster of duty personnel.

(5) List of seriously ill patients; list to be filed with information office.

(6) Patients' locator card.

(7) Driver's trip ticket and performance record form WD 48.

RECORDS OF
MORBIDITY AND MORTALITY

1. PREPARATION, COLLECTION, AND DISPOSITION

a. The Medical Department records listed in paragraph 2 will be prepared as outlined in Army Regulations, War Department Circulars, and directives from the Surgeon General by units of the Medical Department. These records are necessary in order to make available to the War Department and other governmental agencies information necessary for the conduct of business with particular reference to retention of the physically fit in the service, assignment to duty, adjustment of pay accounts, and the adjustment of claims for compensation.

b. It will be the duty of the registrar to inspect and complete, file as required, or otherwise dispose of by submission to higher headquarters, etc., all records and other data that make up the clinical record of a patient. Such records are of a permanent nature and will never be destroyed unless so directed by higher headquarters.

c. Records needed on Day of Activation will be marked by "+".

2. SICK AND WOUNDED RECORDS WITH REFERENCES

a. WD AGO Forms kept by the registrar. (Those to be used most frequently marked by asterisk *).

- *(1) WD AGO Form 52 Report of Death (AR 600-550)
- *(2) WD AGO Form 54 Inventory of Personal Effects (AR 600-550 and AW 112)

b. WD MD Forms kept by registrar

- *(1) WD MD Form 51 Report of Sick and Wounded (AR 40-1025)
- *(2) WD MD Form 52 Register Card (Sec II, AR 40-105, 40-1030)
- (3) WD MD Form 52a Index Card (Sec X, AR 40-1025, 40-1070)
- *(4) WD MD Form 52b Emergency Medical Tag (Sec IV, AR 40-1025, 40-1055)
- *(5) WD MD Form 52c Field Medical Card (Sec V, AR 40-1025, 40-1060)
- *(6) WD MD Form 52d Field Medical Record Jacket (Sec V, AR 40-1025, 40-1060)
- (7) WD MD Form 53 Clearing Station Tag
- + (8) WD MD Form 55 Complete series of clinical sheets (Sec X, AR 40-1025)
- *(9) WD MD Form 72a Consolidated Morning Report of Wards (AR 40-590)
- *(10) WD MD Form 75 Patient's Property Card (AR 40-590)
- *(11) WD MD Form 78 Syphilis Register (par 6, AR 40-235 and 40-210)

- *(12) WD MD Form 79 Register of Dental Patients (See instructions on form) (AR 40-1010) .
- + *(13) WD MD Form 86ab Statistical Report; 1st and 2nd Section (AR 40-235 & 40-1080) (Weekly)
- + *(14) WD MD Form 86c Statistical Report; 3rd Section (AR 40-1080)
- *(15) WD MD Form 86d Report of Casualty (FM 8-45, Sec XI)

c. The references listed opposite each of the above forms are basic references only.

ROUTINE REPORTS AND RECORDS

The following reports are rendered by all units in training in the Eighth Service Command. Some, to be indicated later, may vary somewhat at certain posts.

It is desired to call attention to the initiation of Personnel Roster. This roster is to be rendered on the date of organization, reorganization, redesignation, activation, or induction, providing the personnel are actually present therewith. If no personnel are present on activation date, the initial roster will be rendered on the date personnel actually report for duty regardless of the number of men reporting, and will include the statement that no personnel was present prior to rendition of roster. Separate rosters will be prepared for officers and enlisted men.

In the preparation of initial roster, paragraph 12, AR 345-900 should be used as a guide and the instructions therein carefully followed. It is desired that rosters be submitted to this Headquarters for distribution in order that they may be checked as to accuracy of preparation.

1. DAILY

a. Morning Reports

Morning reports are to be prepared in triplicate in the company or detachment office with signature of company or detachment commander. The preparation should be in accordance with AR 345-400, and any changes thereto, and with such instructions as may be received from time to time from the Headquarters, Army Service Forces Machine Records Branch. Paragraph 34 of the above regulation should be carefully followed in the preparation of the initial morning report. (Note: Reports of change no longer required)

b. Ration Returns

Commanding officer, mess officers, and mess sergeants should be familiar with WD Circular No. 158, 1944 and WD Circular No. 171, 1944. For any additional information, the commanding officer or mess officer should contact the Ration Issue Officer as soon as possible.

c. Headquarters Morning Report

Headquarters Morning Reports are to be prepared daily in triplicate in hospital headquarters for signature of Adjutant or Executive Officer. Distribution is the same as Company Morning Report. Permanent record. AR 345-400.

d. Daily Sick Report

Name, rank, serial number of all military personnel needing medical attention will be entered on the Sick Book. The Sick Book consists of two sections: The Commanding Officer's Report and Medical Officer's Report. Permanent record. AR 345-415.

e. Duty Rosters

Duty Rosters are kept by the commanding officer of the company or detachment for enlisted men and by the adjutant in headquarters for officers. Rosters are prepared daily and run for one month. Semi-permanent record. AR 345-25.

f. Guard Reports

Prepared by sergeant of the guard daily. Lists all members of the guard and prisoners by name. Prisoners will be listed by reason and authority for confinement. Permanent records. AR 345-40.

2. WEEKLY

a. Statistical Report, MD Form 86-ab (Restricted)

Reports will end on Friday midnight and will be dated Saturday. Original copy will be sent to the Registrar and duplicate used as a file copy. For the signature of the commanding officer (AR 40-1080).

3. SEMI-MONTHLY

a. Training Status Report

A mimeograph form which will be submitted on the 1st and 15th day of each month. Check camp policy on preparation of these forms.

4. MONTHLY

a. Report of Dental Service

This report ends on the last day of the month. To be prepared in triplicate, the original being sent to the SGO, U. S. Army, Washington, D. C. and arriving not later than fifth of the following month; the duplicate being sent to the Surgeon of the Eighth Service Command, Dallas, Texas; and the triplicate copy being sent to the Camp Dental Surgeon. This will be prepared for the signature of the Dental Surgeon and indorsed by the commanding officer.

b. Monthly Report of Chaplains (WD Ch Form No. 3)

This report will be submitted as of the last day of each month and sent by indorsement to Camp Headquarters. Original will be forwarded to Chief of Chaplains through Camp Headquarters while duplicate copy will be retained.

c. Narcotics Inventory (Hospital Order)

This inventory will be submitted as of the first of each month. The original copy will be filed for record, duplicate given to the person making the inventory and triplicate sent to Supply for signature of the commanding officer.

d. Post Exchange Report

This report is a mimeographed form dated as of the 25th and remitted by the 30th of each month. The original copy will be sent to Camp Exchange Office. Varies at different posts.

e. Insurance Report

A mimeographed form to cover a period of one month to midnight of the last day of the month. Original and duplicate copies are to be sent to Camp Headquarters.

f. Report of Enlisted Personnel. Gains and Losses (Dental)

This report will cover a period ending the 20th of each month and will be submitted not later than the 25th. Original and duplicate copy will be sent to the Camp Dental Officer. This will be prepared for the signature of the Personnel Officer.

g. Venereal Disease Report

A mimeographed form to be submitted on the last Friday of each month. Original and duplicate copies will be sent to the Camp Surgeon and will be prepared for the signature of the commanding officer or registrar.

h. Status of Equipment (WD AGO 411)

This report will be prepared as ending on the last day of the month by Supply. Original and duplicate copies will be sent to the commanding officer of camp. The usual policy now is to send all copies to Camp Headquarters for further distribution to supply section.

i. Roster of Officers

Roster of officers will accompany form WD MD 86, ending the last day of the month. Original copy will be sent to Commanding General, Eighth Service Command, and duplicate sent to the Surgeon General's Office, Washington, D. C., direct (AR 40-1080).

j. Statistical Report (MD Form 86-c)

This report will cover a period ending the last day of the month at midnight. Original copy will be sent to the Commanding General, Eighth Service Command direct. This will be prepared for the signature of the commanding officer or personnel officer.

k. Report of Sick and Wounded (MD 51)

This is a monthly report ending the last day of the month. Original copy will be sent to the Surgeon General's Office, and duplicate will be sent to the Commanding General of the Base Section. This will be prepared for the signature of the commanding officer (AR 40-1025).

5. FORM NUMBER AND GENERAL PROVISIONS

(Records needed the day of activation will be marked by "+".)

WD AGO Form No. 1 Company Morning Report +

Prepared daily in triplicate in company or detachment office for signature of company or detachment commander. Original (white) to MRU. Duplicate copy (yellow) for company or detachment headquarters file. Triplicate copy (green) to USP. Permanent record. Kept by both general and field hospitals. AR 345-400.

WD AGO Form No. 2 Headquarters Morning Report +

Prepared daily in triplicate in hospital headquarters for signature of adjutant or executive officer. Distribution is same as a company morning report. Permanent record. Kept by general and field hospitals. AR 345-400.

WD AGO Form No. 5 Daily Sick Report +

Name, rank, and serial number of all military personnel needing medical attention will be entered on the sick book. Sick book consists of two sections, company or detachment commander's report and medical officer's report. Permanent record. Kept by general and field hospitals. AR 345-415.

WD AGO Form No. 6 Duty Roster +

Kept by Commanding Officer of company or detachment for enlisted men and by adjutant in headquarters for officers. Prepared daily and runs for one month. Semi-permanent record. AR 325-25.

WD AGO Form No. 7 Enlisted Man's Pass +

Prepared by commanding officer of company or detachment as required. AR 615-275.

WD AGO Form No. 10 Guard Reports +

Prepared by sergeant of the guard daily. Lists all members of the guard and prisoners by name. Prisoners will be listed by reason and authority for confinement. Permanent record. AR 345-40.

WD AGO Form No. 11 Extra Sheets for Guard Reports *

Prepared as required. See Par 1 a (2) AR 345-40. Permanent record.

WD AGO Form No. 15 Report of Survey

Prepared in triplicate when fact of loss, destruction, or damage of government property has been established. Forwarded to commanding officer within thirty days. If more time is required, a certificate of explanation will be executed by the initiating officer. AR 35-6640.

WD AGO Form No. 17 Requisition for Blank Forms and Publications

Prepared in duplicate for all publications except blank forms quarterly prior to 10th of February, May, August, and November. Blank forms as required. AR 310-200.

WD AGO Form No. 24-2 Insert to service record - Indorsement.

Prepared in one copy as needed and secured in the service record.
WD AGO Form 24. Permanent record. AR 345-125.

WD AGO Form No. 24-3 Insert to service record - Remarks administrative.

Prepared in one copy as required and secured in service record.
Permanent record. AR 345-125.

WD AGO Form No. 24-4 Insert to service record - Remarks financial

Prepared in one copy and secured in service record as required.
Permanent record. AR 345-125.

WD AGO Form No. 24-5 Insert to service record - Furlough.

Prepared in one copy as required and secured in service record.
Permanent record. AR 345-125.

WD AGO Form No. 24-6 Insert to service record - Time lost.

Prepared in one copy as required and secured in service record.
Permanent record. AR 345-125.

WD AGO Form No. 24-7 Insert to service record - Record of trials by
Court-Martial

Prepared in one copy as required and secured in service record.
Permanent record. AR 345-125.

WD AGO Form No. 25 Extract from service record

Prepared in one copy by UPO when an enlisted man is transferred, dropped as a deserter, discharged, or dropped from the rolls for any reason. Kept in organization files. Permanent record. AR 345-125.

WD AGO Form No. 28 Soldier's individual pay record.

Will be executed and issued only when original or any subsequent pay book has been lost by personnel officer having custody of service record. AR 345-155.

WD AGO Form No. 29 Authorization for allotment of pay.

Prepared in duplicate. Duplicate to be retained by allotter (when he prepared and certifies his own voucher) or by the commanding or personnel officer (in all other cases). The original will be forwarded in time to reach the Finance Officer, U. S. Army, Washington, D. C. by the tenth day of the month in which the allotment is to become effective. AR 35-5520. See Also WD Cir 15, 1944.

WD AGO Form 29-6 Application for pay reservation for purchase of War Savings Bonds.

See WD Circular No. 44 and 56, 1943 and WD Cir 15, 1944.

WD AGO Form 30 Notification of discontinuance of allotment.

See AR 35-5520 and Circular No. 15, 1944. Prepared and disposed of in the same manner as WD AGO Form 29.

WD AGO Form No. 30-6 and 7 Request for cancellation or change in pay reservation for purchase of Defense Savings Bonds.

(30-6 for change of names, etc. and 30-7 used for discontinuance. See WD Cir 26 and 237, 1944.

WD AGO Form No. 31 Furlough *

Prepared by company or detachment commander and original copy only signed by company or detachment commander, personnel officer, and the commanding officer. (AR 35-4520, 615-275)

WD AGO Form No. 32 Individual Clothing Slip

Prepared for each enlisted man at time of enlistment or muster in and issues of clothing recorded in blank column under "Items issued." Both supply officer and enlisted man will initial form at time of issue in appropriate place. Permanent record. AR 35-6560, 35-6680, 35-6720, 345-125, 615-40, and WD Cir 313, 1944.

WD AGO Form No. 33 Individual Equipment Record

Prepared in the same manner as WD AGO Form 32. AR 35-6560, 35-6680, 35-6720, 345-125, 615-40, and WD Cir 313, 1944.

WD AGO Form No. 35 Individual Clothing Slip

Prepared in the same manner as WD AGO Form 32. AR 35-6560, 35-6680, and 615-40.

WD AGO Form No. 36 Statement of charges.

Prepared in triplicate, a separate for each supply branch, and each echelon of supply within the command. Personnel adjutant will retain one copy and send the other two copies to the company or detachment commander who will file one copy with his records and send the other two copies to the supply office of the next higher headquarters. Permanent record. AR 35-6620, 35-6640, 345-300.

WD AGO Form No. 38 Report of physical examination of enlisted man prior to discharge or retirement.

Will be initiated by company or detachment commander, and examination will be made by the medical officer if any disability exists or is suspected. Permanent record. AR 40-100.

WD AGO Form No. 40 Certificate of disability for discharge

Prepared by the enlisted man's immediate commanding officer as soon as it has been determined that the enlisted man is to be discharged on certificate of disability for discharge, and forwarded to the commanding officer of the General Hospital, station, or unit in which the enlisted man is serving. Permanent record. AR 600-500, 615-360, 615-361 and WD Cir 314, 1944.

WD AGO Form No. 41 Designation or change in address of beneficiary.

Will be executed by each member of the Army of the United States on active duty. The form will include a list of preferred beneficiaries. It will also designate a dependent relative believed to have an insurable interest and one alternate dependent relative. Permanent record. AR 600-600. (Not to be used for changing beneficiaries)

WD AGO Form No. 43 Emergency Addressee and Property Card +

Prepared as required. See instructions on card. Permanent record.

WD AGO Form No. 44 Report of Desertion

Company or Detachment commander will prepare and certify form. One copy will be attached to absentees service record. In the event an organization departs for either temporary or permanent change of station, the commanding officer of such organization will furnish the headquarters of the station of departure a completed copy of the form in the case of each absentee. Permanent record. AR 615-300.

WD AGO Form No. 45 Descriptive list of deserter from the U. S. Army

The officer charged with responsibility for administrative procedures will prepare necessary numbers of copies. One copy to the Adjutant General, the Commanding General of the service command in which the absence occurs, and to the service of his residence, and the residence of the next of kin and such other service commands as may be deemed useful. One copy will be sent to the absentee's local board, the chief of police of the town, and the sheriff of the county of the absentee's residence, and to the law enforcement authorities of any other place to which it is likely the absentee may go. One copy will also be sent to the Federal Bureau of Investigation or any local agency thereof.
Permanent record. AR 615-300.

WD AGO Form No. 49 Application for retirement

Application will be made by the enlisted man and addressed to the president through channels. AR 615-395.

WD AGO Form No. 52 Report of Death

Will be prepared at time of death by surgeon. Permanent record. AR 40-1025 and 600-550.

WD AGO Form No. 53 Report of Separation

See AR 615-360 and WD Cir 314, 1944.

WD AGO Form No. 54 Inventory of Effects

Prepared in triplicate at time of death. Forward original and duplicate to the commanding officer charged with rendering the report of death. They will then be forwarded to the next higher headquarters. All articles will be described in general terms and the officer's certificate thereon will show the full name and address of the widow or legal representative to whom the effects were delivered. AR 600-550 and 40-1025. Permanent record.

WD AGO Form No. 60 Application for appointment as aviation cadet.

See AR 615-160

WD AGO Form No. 61 Application for appointment as a warrant officer.

Prepared in triplicate by applicant and submitted to company or detachment commander. Company or detachment commander will forward application by letter of transmittal through next higher headquarters to post commander. AR 610-10, and 610-15.

WD AGO Form No. 62 Application for commission in the regular army.

See AR 605-5, 605-7, 605-20 and 605-30.

WD AGO Form No. 63 Report of physical examination

See AR 40-100 and 40-105.

WD AGO Form No. 64 Report of physical examination for flying.

See AR 40-100 and 40-105, and 40-110.

WD AGO Form No. 66-1 Officer and Warrant Officer Classification Card

Maintained as prescribed in AR 605-90, 605-230, and WD Cir 314, 1944

WD AGO Form No. 67 Efficiency Report

Prepared and submitted as outlined in AR 600-185.

WD AGO Form No. 77 Officer's pay data card.

Each commissioned officer, army nurse, warrant officer (or flight officer) or other personnel who certify their own pay voucher will enter all information on form relative to pay status. AR 35-1360.

WD AGO Form No. 115 Charge sheet (Courts-Martial)

Usually prepared in triplicate. See paragraph 31 and appendix 3, MCM.

WD AGO Form No. 116 General Court-Martial Sheet

Prepared as outlined in paragraph 97, MCM.

WD AGO Form No. 117 Subpoena for civilian witness

Prepared as outlined in paragraph 97, MCM

WD AGO Form No. 118 Interrogatories and deposition

Prepared as outlined in paragraph 97, MCM

WD AGO Form No. 119 Warrant of Attachment

Prepared as outlined in paragraph 97, MCM

WD AGO Form No. 204 Notice of change of address *

Prepared by the individual in the number required and mailed, one to each person to be notified of the change in address.

WD AGO Form No. 206 Arrival Card *

Prepared by the unit personnel officer and mailed upon arrival at destination.

WD AGO Form No. 259 Report of physical examination of enlisted man under consideration for retirement for physical disability.

Prepared at time examination is made and disposed of according to finding. AR 615-395.

WD AGO Form No. 309 Initial-Special Final Roster *

Prepared upon departure from home station for overseas. One copy will be furnished the post, camp, or station commander, one copy to the port commander, and such other additional distribution as may be directed (AR 345-900)

WD AGO Form No. 411 Status of equipment reports.

Prepared by the unit supply officer and distributed as directed by the War Department.

WD AGO Form No. 620 Affidavit of Dependency

See instruction on form.

WD AGO Form No. 625 Application for dependency benefits

See instructions on form

WD AGO Form No. 630 Authorization for family allowance

See instructions on form.

WD AGO Form No. 635 Notification of discontinuance of family allowance.

See instructions on form.

WD AGO Form No. 640 Notification of change of family allowances

See instructions on form.

WD AGO Form No. 641 Report of change of status and address

See instructions on form

Routine Reports

See Section XXXIII, TM 12-255 and Appendix, TM 12-252.

Veterans' Administration Form

Insurance Form 350. Application form to be used within 120 days after entrance on active duty.

Insurance Form 350-a. Application form after being on duty more than 120 days.

Insurance Form 336. "Designation of change of beneficiary"

ROENTGENOLOGICAL SERVICE

1. GENERAL

- a. The X-Ray service will operate as a separate section.
- b. Equipment is included in the requisition for one general hospital and need not be enumerated here.

- c. Personnel:

- Chief of Service, Lt Col, MC..... 1
 - Asst Chief of Service, Lt, MC..... 1

- NCO in charge, (673) S/Sgt..... 1
 - Chief Clerk (052), Sgt..... 1
 - Medical NCO, (673) Cpl..... 1
 - X-Ray Tech (264), T-4..... 5
 - X-Ray Tech (264), T-5..... 5
 - Clerk-Typist (405)..... 1
 - Orderly (695)..... 1

2. ORGANIZATION

- a. Chief of Service
- b. Assistant Chief of Service
- c. Roentgenological Clinic:

- (1) Diagnostic Roentgenology
 - (2) Therapeutic Roentgenology

3. X-RAY EXAMINATIONS, INSTRUCTIONS RELATIVE TO

- a. Routine Examinations and Treatments

Requests for x-ray examinations or treatments will be made in duplicate on typewriter or "printed" in ink on Med Dept Form No. 55 K-2. In space marked "Clinical Diagnosis" place the "suspected" diagnosis in regard to the part that is being examined. Requests will be initialed or signed by the Ward Surgeon just above the double line.

- b. The following will govern requests for examinations and treatments:

- (1) Requests will be sent to the X-Ray Clinic with the patient.

- (2) On "special cases" such as G. I. Series (Gastro-Intestinal), G. B. Series (Gall Bladder) and B. E. (Barium Enema), the requests will be sent to the X-Ray Clinic at least the day before the examination is to be made. On the gall bladder examinations the weight of the patient will be indicated on the request.

(3) Requests for bedside examinations will be marked "bedside" on the face of the form and sent to the X-ray Clinic before the examination can be made.

(4) Requests for emergency examinations will be marked "emergency", in red, on the face of the form and sent to the Clinic with the patient.

(5) THE RESPONSIBLE MEDICAL OFFICER WILL MAKE SPECIAL ARRANGEMENTS WITH THE X-RAY DEPARTMENT FOR THE EXAMINATION OF VERY SICK OR SERIOUSLY INJURED PATIENTS.

c. The following procedure will apply in the preparation of patients for x-ray examinations:

(1) GASTRO-INTESTINAL cases

- (a) Only on Tuesdays and Thursdays.
- (b) Patient will report to X-ray Clinic at 0800 and again at 1500.
- (c) Nothing by mouth after midnight prior to day of examination.
- (d) S.S. enema (in supine position) morning of x-ray.
- (e) Grs. 1/100 (h) atropine at 1900 the evening before x-ray and 0700 morning of x-ray. TO BE GIVEN ONLY AFTER APPROVAL OF WARD SURGEON.
- (f) First Day: Nothing by mouth until after 1500 x-ray has been made. Patient may be served evening meal. No enemas or cathartics.
- (g) Second Day: Patient to return to X-Ray Clinic at 0800. He may have breakfast before or after x-ray.

(2) GALL-BLADDER cases

- (a) Only on Fridays.
- (b) Patient to report to X-ray Clinic at 0830.
- (c) Prescription for dye will be sent to Pharmacy by X-ray Clinic day prior to x-ray and secured by ward before 1600.
- (d) Dye will be administered, orally, immediately after or during evening meal.
- (e) Nothing by mouth, except water, after administration of dye (patient may have as much water as desired).
- (f) S.S. enema (in supine position) morning of x-ray.
- (g) Patient will report to X-ray Clinic at 0830 and at 1030. After the second examination he will be given the following meal:

2 eggs, fried in butter Glass of $\frac{1}{2}$ cream and $\frac{1}{2}$ milk
Fried bacon, large helping Buttered toast

- (h) Patient to report back to X-ray Clinic one hour after having fatty meal.

(3) BARIUM ENEMA cases

- (a) Only on Fridays.
- (b) Patient to report to X-ray Clinic at 0830.
- (c) S.S. enema (in supine position) evening prior to examination and another morning of x-ray.
- (d) Nothing by mouth after midnight prior to day of examination.

(4) KUB (Kidneys, ureters and bladder) cases.

- (1) On any day.
- (2) S.S. enema (in supine position) prior to examination.

(5) SPINE, PELVIS, SACRUM, COCCYX AND FLAT PLATE OF ABDOMEN
cases.

- (1) On any day.
- (2) S.S. enema (in supine position) prior to examination.

(6) ALL OTHER X-RAY EXAMINATIONS

On any day.

SECURITY MEASURES

The plans and operations executive officer will be responsible to the commanding officer for adequate security measures both in the garrison and in the field. The following procedures will be standard:

1. IN FIELD

a. Defense against fire.

The same general procedures governing fire defense in garrison will be used in the field.

b. Defense against hostile aircraft

The protective measures will vary with the situation, the degrees of visibility, the cover and concealment offered by the terrain, and the capabilities of enemy aviation. The protective measures are as follows:

(1) Warning

Sentinels will be posted to insure that all personnel will have timely warning of the approach of hostile airplanes in order that surprise may be eliminated and other protective measures may be taken. The following instructions will be observed by all personnel when the warning of an attack is given, unless the mission forbids it:

(a) If in open, movement will cease.

(b) If on foot in the road, seek cover in an adjacent ditch or concealment in a shadow lining the road; lie down.

(c) If in a vehicle or mounted, clear the center of the road, halt, and dismount. Vehicle brakes are set. Do not take cover under the vehicle.

(d) If you are in position, bivouac, or billet, seek the nearest cover or concealment and remain motionless.

(e) At night if you have a light extinguish it.

(f) Do not look up.

(g) If it develops that the air attack is being made with chemical agents, move upwind or under cover.

(2) Concealment

Maximum effort will be used to make observation and accurate attack impossible. Blackout regulations will be strictly enforced.

(3) Dispersion

All personnel are required to disperse when an air attack is imminent.

(4) Cover

The use of natural and artificial cover will be observed.

c. Antimechanized protection

Proper use of concealment and cover, training in the employment of the various anti-mechanized means available and a thorough knowledge of the capabilities and limitations of the various types of armored vehicles will help in the protection of the unit. The anti-aircraft sentries will also act as anti-mechanized sentries. The same warning signals will be used: Three long blasts of a whistle, vehicle horn, siren or Klaxon, repeated several times. In daylight when the warning is given, point in the direction of the airplane or mechanized attack. At night the alarm signal must be supplemented by shouting the direction of the danger. Maximum use of cover and concealment will be made against mechanized attack. It will be remembered that many natural obstacles block the passage of armored vehicles. Deep streams, canals, or other bodies of water, marshes, or boggy ground, deep ditches or ravines, thick heavy woods, stump land and ground littered with large boulders offer the best protection. A narrow trench or fox hole in firm soil in which you can get below the surface of the ground, will also protect you from tanks and other track laying vehicles.

d. Protection against chemicals.

The effectiveness of a chemical agent is primarily dependent on surprise. The gas mask and the protective clothing provides a scientific protective means. Strict gas discipline will be observed at all times. One and one-half hours per week will be devoted to the wearing of the gas mask and training in the care and wearing of the mask. One gas officer is assigned from the company and is responsible for the training in gas warfare. One NCO and five enlisted men are assigned from each hospitalization unit and will be expertly trained in treatment of gas casualties and the decontamination of vehicles, area and so forth. All drivers are familiar with first echelon decontamination of vehicles. When there is a threat of gas attack, gas sentries are posted for the protection of all members of the command. They will guard troops which are working or sleeping. Duties of gas sentries are:

- (1) Enforce all specific orders of the unit for defense against chemical attack.
- (2) Locate the position of all sleeping men.
- (3) Detect the presence of chemical agents by odor, color, and appearance.
- (4) Give the alarm whenever gas is detected (orally shouting "Gas" and beating of percussion gas alarm apparatus).
- (5) Detect sounds indicative of the preparation for and actual enemy projection of chemical agents.
- (6) Protect supplies in the area.

e. Protection of Military Information

Any information of a military nature which the enemy can obtain which will help him in defeating our actions against him must be guarded against at all times. Men are instructed never to discuss military instruction, plans, operations, movements, the composition or location of troops, casualties, morale, military equipment or supply, results of hostile action such as sabotage, air attack or gunfire or any other military subject in the presence or hearing of any stranger, either military or civilian. The commanding officer is to be notified of any person whose actions or conversations are such as to arouse suspicions.

f. Protection against carelessness

All personnel must always be on the alert against accidents as against enemy action. "Booby Traps" must always be looked for in the combat zone. They may be connected to doors, windows, furniture, and souvenirs such as helmets or parts of uniforms or rifles and they may be attached to weapons or vehicles which have had to be abandoned. "Duds" or unexploded shells are not to be examined or picked up. Warn others of their presence and the commanding officer of their location. The following will be observed relative to motor vehicles:

(1) Do not expect a vehicle driver to be able to avoid an accident.

(2) Never walk on a road if you can avoid it. When it is necessary, walk on the left facing traffic.

(3) When you fall out to rest by the road, move off the shoulder into the ditch.

(4) Never go to sleep under a motor vehicle.

(5) Guards will be posted at all intersections when troops are marching. Also, when they cross from one side of the road to the other, front and rear guards will be posted to control traffic.

g. Security measures during road marches (See motor and foot marches)

Prior to each march, a march order will be issued designating method of march and intervals to be employed. The method of march both by foot and by motor will be dependent on the tactical situation and orders from higher authority. All concerned will be notified on any movement as soon as possible.

h. Security measures in bivouacs and operations

In bivouac and in operation slit trenches or fox holes will be dug immediately upon arrival. All available cover, concealment and camouflage will be utilized. Air and gas alert will be observed at all times.

2. IN GARRISON

a. Defense against fire

(1) The first man to detect a fire in the area will report same to the fire department by the nearest telephone. Persons reporting fire will remain near the telephone in a conspicuous place and direct the fire department to the scene of the fire.

(2) The senior officer, or senior noncommissioned officer if there is no officer present, will be in full charge until the unit Fire Marshal or the Post Fire Marshal arrives.

(3) A squad of 12 men will be appointed by the fire marshal and they will report to the person in charge at all fires.

(4) A salvage squad of four men including the unit supply sergeant will take charge of all property. They will report to the supply room when a fire is detected.

(5) A traffic squad of four men will be appointed to conduct traffic control in the vicinity of the fire.

(6) All other personnel of the unit will go to their respective quarters to await further instructions. Persons that are not concerned in the fighting of the fire will remain away from the fire.

(7) The Unit Fire Marshal is responsible that proper fire fighting equipment is placed in the area, and that all fire fighting personnel are properly instructed as to their duties in case of fire. Fire fighting equipment will be inspected once per week.

(8) Unit fire drills will be arranged by the Unit Fire Marshal and conducted at least once per month.

b. Defense against chemical attack

It will be the responsibility of the Gas Officer to see that all gas masks are tested or checked at least once per week. All masks will be tested within one week prior to departure for POE. A decontamination squad of ten men will be assigned by the Gas Officer. One noncommissioned gas officer will be assigned from each platoon. A gas treatment squad of five men will be assigned from each platoon. The gas officer will be responsible for all gas treatment and gas decontamination equipment. Gas masks will be worn in garrison for a period of at least $1\frac{1}{2}$ hours per week.

c. Defense against air attack

All personnel will acquaint themselves with special orders, this headquarters, relative to air raid precautions. In the event of

an air raid, it will be the duty or responsibility of the officer of the day to take charge and supervise.

d. Military Information

(1) On the receipt of an alert order, it will be the responsibility of the operations and training officer, to acquaint and refresh all of the personnel with the contents of AR 380-5 relative to safeguarding military information.

(2) All officers and army nurses will have in their possession at all times, the identification card WD AGO 65-1, identification tags, pay data cards, immunization record, leave record. Neither card or tags should carry the military designation of their unit or make any reference to the organization of the person who countersigned the card.

(3) On receipt of a movement order, the supply officer will be responsible for the obliteration, before departure to staging areas or port, all unit markings, insignias, etc. (including shoulder patches) from all classes of individual and organizational uniforms, clothing, luggage, property and equipment (painting over is not effectual) Only the following identifying remarks will be left on motor vehicles and the mobile equipment:

- (a) Registration number
- (b) Shipment number and letter to be stenciled on both sides of the hood, letters $1\frac{1}{2}$ inches high.
- (c) National Symbol
- (d) Company letter and serial number of vehicle within unit.
- (e) Tactical markings if prescribed.

UTILITIES AND

MAINTENANCE

1. FUNDS

Expenditure of funds for construction will be made only with the consent of the commanding officer.

2. GENERAL

a. Alterations of fixed installations of any type without the prior consent of the commanding officer is forbidden.

b. Personnel will be required to do whatever utility and maintenance work is necessary regardless of classification.

c. All requests for construction will be made to the utilities and maintenance officer on ordinary requisition memorandum and signed by officer desiring work.

d. In no case will any member of this section perform work without a job ticket approved by the officer in charge or the commanding officer.

3. OPERATIONS

This section will operate independently and will be responsible to the commanding officer only for all activities.

4. PERSONNEL

a. The Utilities Section will be under the supervision of a First Lieutenant, Engineers Corps.

b. Personnel will be as follows:

Refrigerator Team, Type I, T/O & E 5-500.....	1
Signal Service Team, CG, T/O & E 11-500.....	1
Laundry Section Team, 1 Type EJ, T/O & E 10-500.....	1
Construction Foreman (059), Sgt.....	1
Electrician (078), T-4.....	1
Electrician (078), T-5.....	1
Electrician (078),.....	1
Portable Power Generator Operator (846) T-4.....	1
Carpenter (050), T-5.....	1
Carpenter (050),.....	1
Utility Repair Man (121).....	1
Painter, General (144).....	1
Med Equip Maintenance Tech (229) T-4.....	1

5. PRIORITY

a. Equipment necessary for the treatment or welfare of patients will receive first priority.

b. Equipment and installations needed for administrative efficiency will receive second priority.

c. Equipment needed for personal comfort of female personnel will receive third priority.

d. Equipment for the needs of officers and enlisted men will receive fourth priority.

WARD ADMINISTRATION

1. WARD MASTERS

These individuals will be selected with great care by the detachment commander. Kindly, sympathetic but energetic men will be placed in these positions and every effort made by the commissioned personnel to train them to take over practically all administrative phases of ward management.

a. Specific duties.

(1) Enforce all Hospital and Ward Regulations. Train all new ward attendants in regulations and enforcement thereof.

(2) Render to ward officer and nurse reports of unusual occurrences.

(3) Prepare duty and patient rosters, pass lists, and other requests of patients for approval by ward officer or nurse.

(4) Laundry

(a) Prepare ward laundry slips, make "spot" inventory of incoming and outgoing laundry twice weekly.

(b) Assist in handling patients' personal laundry.

(5) Supervise patients' laundry room. Refer to patients' duty roster and pass lists.

(6) Police ward, latrines, utility rooms and ward areas.

(7) Accomplish ward transfers.

(8) Assist ward officer and nurse in professional and administrative duties.

(9) Train patients in ward rules and security regulations.

2. WARD NURSES

a. Professional Duties

(1) Audit, sign and dispatch the Ward Morning Report as directed by the Ward Officer.

(2) Supervise and record nurses' clinical data, T.P.R., diet, patient status, etc. Will assist in the maintenance of complete, orderly charts on all patients.

(3) Arrange for and maintain an adequate supply of clinical charts, forms and records.

(4) Maintain patient record cards, locator cards or charts, bed cards, order books and special treatment record.

(5) Maintain and supervise preparation, care, use and storage of professional equipment. (Instruments, trays, dressings, etc.).

(6) Arrange with central surgical supply (operating section) for special equipment and instruments on a loan or issue basis.

(7) Provide special nursing care for cases designated by ward officer.

(8) Narcotics and alcohol, The nurse will retain keys, make issues personally and record up-to-date inventory. The keys will be turned over to night nurse supervisor at end of day duty. The nurse will be responsible for seeing that the narcotic books and supplies are inventoried on the 10th, 20th and 30th of each month.

(9) Initiate report of unusual occurrences.

(10) Supervise general housekeeping of the wards.

b. Training

(1) Assist in administrative and professional training for enlisted men.

(2) Enforce hospital and ward regulations by patients and ward attendants.

c. Supplemental Duties

(1) May sign MR for ward property (if directed by ward officer).

(2) May conduct all inventories.

(3) May arrange or handle patient passes, rosters, clothing, and valuables.

(4) Prepares requisitions, requests and transfer slips for signature of the ward officer.

(5) Supervises inventory of deceased effects.

(6) Supervises all diets and preparation and handling thereof.

3. WARD OFFICER

a. Duties

(1) Inspections

(a) Will make daily inspection of property and patients. This is to be accomplished not later than 0900 and will include inspection of utility and clothing, rooms, latrines, presence of infestation, etc.

(b) Will make a "spot" inventory of property and the quantity and quality of supplies on hand once each week.

(c) Will make an inspection and inventory of alcohol and narcotics at least every ten days in the presence of ward nurse.

(2) Ward Morning Report

The Ward Officer will be responsible for auditing, signing, and dispatching of Ward Morning Report to the Registrar.

(3) Seriously Ill

The Ward Officer will initiate a report to the Registrar, Chief of Service, and the Commanding Officer. The list of seriously ill will be kept current and conspicuously posted. When there are no seriously ill, the remark "None" will be entered. The ward officer will be responsible for all handling of property of seriously ill patients and disposition of effects if death ensues.

(4) Admission of Patients

Upon admission a patient's personal effects, other than money or valuables, are listed in duplicate on patient's property card WD MD 75 in his presence (or in the presence of a witness if the patient is unconscious or insane). If able, the patient will sign the slip, and the property then bundled and tagged with Patient's Property Tag (WD MD Form No. 76) and stored according to AR 40-590, par 8e (1).

All patients will be seen within one hour after admission and at least an admission note made on the clinical record.

(5) Deaths

Ward officers are responsible directly to the commanding officer for prompt, complete and accurate reports, inspection and preparation of the body, inventory and disposition of property, completion of chart. See also duties of officer of the day in regard to deaths.

(6) Ward Rounds

(a) Ward rounds will be made at or near 0900. The nurse and Ward Master will accompany the Ward Officer on his rounds.

(b) Ward rounds will be made at night with particular attention to duty personnel and seriously ill cases. Regardless of patient status this inspection will be made twice weekly.

(7) Unusual Occurrences

(a) A report will be initiated by the Ward Officer, Nurse, or Officer of the Day. Report will be made in triplicate, one copy going to the Executive Officer, one copy to the Chief of Service and one copy retained.

(b) The Ward Officer will investigate, make suitable corrections and notations in the chart. In all cases of a serious nature the Executive Officer and Inspector will be notified.

(8) Requisitions, Pass Lists, Laundry, Exchange Slips, Inventories.

Responsibility of Ward Officer but may be delegated to the nurse.

(9) Ward Transfers

The Ward Officer will prepare and sign slip for action by Chief of Service and Registrar. Before a patient is transferred, the chart will be completed to date.

(10) Clinical Chart

The Ward Officer will make initial entry note on all new cases, not later than three hours after admission. He will initial or sign all progress notes and essential 55 forms used to complete the chart. He will check the record for completeness, signature, initials, diagnosis, and management before discharge or transfer. He will secure and maintain charts as confidential records.

(11) Fire Regulations

The Ward Officer will maintain a personnel duty roster for detail. Instructions to patients regarding conduct during fire will be posted.

(12) Diet Lists

The diet list and special diets will be reviewed with the hospital dietitian each week and as often as special cases demand.

(13) Sick Leave

The Ward Officer will initiate all requests for sick leave by officers.

(14) Potential CDD's and Section VIII cases.

The Ward Officer will report promptly to the Registrar all potential CDD's and Section VIII cases.

(15) Property

(a) The Ward Officer or nurse will sign memorandum receipt to supply officer for ward property.

(b) An inventory check list, locator cards, packing case lists, packing, loading, weight and cubage data will be maintained.

(c) The Ward Officer or nurse will initiate work and utility order, special and non-standard requisitions.

(d) A complete weekly inventory of all property will be made once weekly and all overages, shortages, and damaged property will be reported to the supply officer for adjustment.

(e) The Ward Officer will be responsible for requisitioning expendable and non-expendable supplies as directed by Supply.

(f) Responsibility. Ward Officers and nurses are responsible for the proper care and use of all ward property. Careless or malicious breakage or damage will be handled according to the provisions of paragraph 1 and 2, AR 35-6640.

SECTION II

GENERAL

ACTIVATION INSTRUCTIONS

1. GENERAL

When unit activation orders are transmitted by the Eighth Service Command Headquarters, the Army Service Forces Training Center (ASFTC) will notify a designated Commanding Officer and proceed to fill the unit to T/O strength with enlisted men and certain officer personnel which will not normally include Medical and Dental personnel.

The Unit Commander will assume command and all responsibilities attached thereto.

2. ASFTC RESPONSIBILITIES

Responsibilities of the ASFTC will be:

- a. Supervision of the initial organization.
- b. Assistance in preparation of training plans.
- c. The furnishing of necessary training equipment.
- d. Acting as next higher headquarters for unit during its stay at post.

The Personnel Section will check the administrative organization and all reports of the unit.

3. DUTIES OF THE COMMANDING OFFICER

a. To prescribe a working administrative organization and to place responsibility on junior officers and noncommissioned officers in their assignments.

b. To procure necessary forms and records for the administration of the unit.

c. To set up a training program for practical field training to cover a period of three weeks.

d. To establish schools for the following immediately:

- (1) Noncommissioned officers
- (2) Those officers present.

Note: These schools should largely be based on the organization of the unit including:

- (a) The Administrative and Professional Sections
- (b) Motor Section Organization
- (c) Mess Section
- (d) Physical organization of hospital (Distribution of tentage, etc).
- (e) Installation of such equipment as is available here.

4. ACTIVATION

The unit will be activated by General Order No. 1. This Order should contain three elements:

- a. Section 1 Should show activation authority and the actual fact of activation.
- b. Section 2 Should show the assumption of command.
- c. Section 3 Should show the appointment of staff officers.

For example:

HEADQUARTERS
FIRST GENERAL HOSPITAL
CAMP BARKELEY, TEXAS

GENERAL ORDER
NUMBER 1

August 1, 1944

I. Activation of the First General Hospital. Pursuant to the authority contained in Section II, General Order No. 8, Hq, Eighth Service Command, Dallas 2, Texas, dated July 15, 1944, the first General Hospital is activated at 0001, August 1, 1944.

II. Assumption of Command. Pursuant to the directive contained in paragraph 8, Special Order No. 40, WD SOS OAG, Washington, D. C., dated July 25, 1944, the undersigned hereby assumes command of the first General Hospital.

III. Appointment of Staff. The following appointments to the staff of this Hospital are announced:

Executive Officer	- CAPTAIN JOHN DOE, O-000000
Adjutant	- 1ST LT EZRA SMITH, O-000000
Personnel Officer	- 1ST LT SAMUEL JOHNSON, O-000000
Supply Officer	- 1ST LT JOHN H. BROWN, O-000000

/s/ Harry A. Ford
HARRY A. FORD
Col, Medical Corps
Commanding

It is to be noted that this is the one order which must be signed by the Commanding Officer and no one else.

5. PERSONNEL OFFICE

The personnel office will be organized under the administrative Adjutant along the following lines:

- a. Enlisted sub-section.
- b. Officer sub-section.
- c. Reports and returns sub-section.
- d. Correspondence and special orders.
- e. Classification.
- f. Postal sub-section

For duties under these groups see pages 92-97 in TM 12-250.

6. OFFICERS TO BE APPOINTED UPON ACTIVATION

- a. Executive Officer
- b. Adjutant
- c. Detachment Commander
- d. Motor Officer
- e. Mess Officer
- f. Supply Officer
- g. Special Service Officer
- h. Summary Court Officer
- i. Fire Marshal
- j. Chemical Warfare Officer
- k. Sanitary Officer
- l. Training Officer

In addition to these officers, very shortly after activation the following officers for movement should be appointed:

- a. Train Commander
- b. Train Quartermaster
- c. Mess Officer
- d. Such officers as will be concerned with movement of troops.

These officers with other staff officers should make the necessary contacts within the camp to determine what is required at the time of movement.

7. GENERAL NOTES FOR THE COMMANDING OFFICER

a. The responsibility of a Commanding Officer at whatever Camp or Post the unit may be within a Service Command will be to furnish certain facilities and training aids for the use of the unit.

b. It is advisable to contact in addition to the Commanding Officer of the Camp and the Post Surgeon, the Training Officer at Camp Headquarters and the Medical Training Officer if one is present on the Post.

c. Some of the forms which should be given to the Unit at a very early date are as follows:

- (1) T/O & E 8-550, 3 July 1944, w/change 1, 19 August 1944.
- (2) Medical Supply Catalogs
- (3) POM-POR Progress Charts

- (4) Facility Maps and Instruction on Their Use, such as:
 - (a) Litter Obstacle Course
 - (b) Malaria Area
 - (c) Infiltration Course
- (5) Training Aids List and rules concerning their use.
- (6) List of current available schools for training in Camp or Post.
- (7) Camp regulations.
- (8) Uniform regulations.
- (9) Call Sheet
- (10) Maps of the Camp and Maneuver Area.
- (11) Such dues as the officers may be required to pay.
- (12) Sanitary Regulations
- (13) Fire Regulations
- (14) Garbage Disposal Regulations

d. The Special Service Officer should be contacted in regards to athletic equipment and day room furniture. He will also advise regarding the availability of WEMA funds.

e. The Property Officer should be contacted for office furniture; the Laundry Officer for the laundry schedule; the Signal Officer for phones; and the Quartermaster for typewriters, office supplies, etc.

f. It is advisable if no trained motion picture projection operators are in the unit that some men be sent to the school which is being conducted in every camp. Otherwise, if they do not have an operator's permit, they will not be permitted to draw machines. This would be best accomplished by securing these permits before leaving ASFTC, Camp Barkeley, Texas.

g. Selected men for the maintenance of Medical Equipment should be chosen and assigned to the utilities section of the station hospital. It will be necessary to contact the utilities officer and explain the purpose of the assignment of these men.

h. Sanitary Technicians and Food and Dairy Inspectors likewise should be assigned to the Camp Sanitary Officer, or Inspector, at an early date and request made of the officer that these men be given work of intensely practical nature, explaining that their time of training will be very short.

i. If trained men for the operation of switch boards, telephone and light maintenance are not in the unit, they too must be assigned early to the Signal Corps and Electricians in order to have personnel capable of operating these installations within the unit.

8. THE PERSONNEL SERGEANT MAJOR

As the Personnel Officer is charged with the administration and operation of the Personnel Section under the supervision of the Adjutant,

the Personnel Sergeant Major is his immediate subordinate and is responsible for the coordination of all the work of the several subsections in the personnel section. He is the chief clerk of the section and will receive all mail from the mail and distribution clerk. Likewise, he will forward to the Personnel Officer all completed reports, service records, payrolls and other documents including letters and indorsements for signature or initialing. He will maintain a complete file of all the regulations, War Department Circulars, Bulletins and other directives of higher authority which prescribe methods and procedures of personnel administration affecting the operation of the personnel section. These will include: ASF Circulars, Training Directives of Eighth Service Command, Medical Training Bulletins, War Department Training Circulars. He will prepare or cause to be prepared for the signature of the personnel officer or adjutant letters and indorsements of a routine nature.

9. MORNING REPORTS

Morning Reports will be initiated by the company commander on the morning following date of activation, in accordance with AR 345-400.

10. INITIAL ROSTERS

a. The initial roster will be submitted to the Personnel Division, Headquarters, ASFTC, within 24 hours of the activation of the unit. Paragraph 12, AR 345-900, requires that initial rosters be prepared when a unit or headquarters is organized. The initial roster will be rendered on the date of activation of the unit, which is the date personnel actually reports for duty. If no personnel is present on the date of activation, a statement showing no personnel was present prior to the date of rendition of the roster will be included in the initial roster. Initial rosters will be prepared by the unit's headquarters or separate companies as follows:

(1) Separate rosters will be prepared for officer and enlisted men.

(2) Names will be segregated on rosters in the following four general classes:

- (a) Regularly assigned
- (b) Attached unassigned
- (c) Attached from other organizations
- (d) Casuals

(3) The heading of the roster will show the following:

(a) The designation and station of the organization, headquarters or unit to which the roster pertains.

(b) The date of the roster will be the date of activation, except when no personnel is assigned on that date. The date to be shown will be the date personnel is actually assigned and joined to unit.

(c) The nature of the change, effective date of activation, and the authority therefor. For example:

"Activation per Section No. II, General Order No. 8, Headquarters, Eighth Service Command." Date will be entered on the line "reason for submission", provided for that purpose.

(d) The designation of the old organization from which transferred, if any, will be entered in parenthesis immediately above the designation of the new organization. When individuals are derived from several organizations the organization from which each man was transferred will be entered in the same column with the name.

(4) The army serial numbers and names of all personnel will be entered in the columns indicated. The serial numbers of officers will be prefixed by "O", warrant officers by "W".

(5) The listing of names of officers will be arranged alphabetically by grade. The grade will be entered in the second column, followed by the names of officers in alphabetical order. The sequence will be from higher to lower grade. Names of enlisted men will likewise be arranged alphabetically by grade.

(6) In the column headed "Arm or Service", show the Arm or Service to which each individual named on the roster belongs.

(7) The component (RA-Regular Army; AUS-Army of the United States; NG-National Guard) of each officer named on the roster will be centered in column headed "Component." EM Component will be left blank.

(8) In the column headed "Date of Current Commission or Enlistment" show the date of current commission of each officer, and the date of induction, enlistment, or re-enlistment of each enlisted man.

(9) The race of each individual will be stated using the abbreviations prescribed below:

White - W
Chinese - CH
Japanese - JA
American-Indian - AI
Others - O

On enlisted men roster indicate in this column whether general service or limited service.

(10) In the column headed "Principal duty (officers) and military occupation specialty (enlisted men)", enter the following:

(a) For officers. The principal duty of each officer assigned or attached to the organization, headquarters, or establishment such as commanding officer, executive officer, ordnance officer of the principal duty code number (TM 12-406 and 12-407) in the space below the dotted line.

(b) For enlisted men. The principal military occupational specialty serial number in the space below the dotted line and the principal duty code number (TM 12-427) in the space above the dotted line.

(11) The column headed "Status" will be left blank.

b. See paragraph 11 for disposition of completed Initial Rosters.

11. SUBMISSION OF INITIAL ROSTERS

The initial roster prepared within 24 hours subsequent to activation will be submitted to the Personnel Division, Headquarters, ASFTC.

12. MONTHLY PERSONNEL ROSTER

These rosters are submitted to Unit Personnel Sections for correction. The roster shows much information relevant to each individual which must be correct if the Army Personnel System is to be of any value.

13. GENERAL AND SPECIAL ORDERS

a. General Information

(1) The body of the order may contain any number of paragraphs; or, if it is a general order, it may be divided into sections and the sections in turn may be broken into paragraphs. In a special order the paragraphs are numbered consecutively. In a general order which is divided into sections, the paragraphs are numbered consecutively within each section.

(2) The custom of the service is to write the name of the commander in capital letters, regardless of his grade. In a tactical unit commanded by a general officer which has a general staff group, the name, grade, arm or service, and title of the chief of staff will be typed below the command line. In the lower left corner of the page is written the word "Official", followed by a colon; and below that is typed the name, grade, arm or service, and title of the Adjutant General, Assistant Adjutant General, or acting Adjutant of the command.

(3) If the commander is below the grade of general officer, or if the command does not have a general staff group, orders are authenticated by the Adjutant alone, his name appearing twice--once where, in a command having a general staff group the name of the chief

of staff would ordinarily appear, and once in the lower left corner. When the order is signed, the adjutant signs in the lower left corner. When a commander assumes command, he personally authenticates the general order.

(4) The authentication is not complete without the actual autographed signature of the adjutant general, the adjutant, or a duly appointed assistant or the impression of the official seal of the headquarters issuing the order.

(5) Distribution of all orders will include: ten to the unit file and two to the Personnel Division.

(6) When an officer's name appears in an order it will be in capitals; names of enlisted personnel will be in lower case letters. In all cases the full military title will precede the name.

(7) The individual's army serial number must follow immediately after the name, and then the designation of the organization and arm or service to which the individual is assigned or attached. The organization and arm or service need not be written in capital letters.

b. General Orders

(1) General Orders will usually include matters of importance directive in nature, general in application, and of permanent duration, not readily susceptible of immediate incorporation in established forms of regulations.

(2) General Orders are usually authenticated in the same manner as are special orders.

(3) One notable exception: The assumption of command order is invariably signed by the officer who thereby assumes command.

(4) The name of the adjutant, the adjutant general, or chief of staff does not appear in assumption of command order.

c. Special orders

(1) Special orders may be issued by any command from a regiment on up to the War Department. Below the regiment, the battalion except when operating as a separate unit issues only "Orders" without the designation "General" or "Special". Likewise, companies and detachments issue only orders.

(2) Special orders have to do with personnel (individuals and groups of individuals constituting any part of a command.)

(3) Reference AR 310-50 and current changes.

d. Orders differentiation chart

The chart is not to be considered as a change in AR's but should be used in the compilation of directives with a view to conformity to current regulations. The X's used under the respective directives denote the appearance within that specific directive of the title appearing on the left. Example: On the line "MINIMUM USE OF ABBREVIATIONS" and under "GENERAL ORDERS" we find an "X" signifying that a minimum use of abbreviations should be used in the composition of General Orders.

	General Orders	Special Orders	Letter Orders	Bulletins	Circulars	Memo-randa	Gen CM Orders	Special CM Orders
HEADING	X	X	X	X	X	X	X	X
DESIGNATION OR TITLE	X	X		X	X	X	X	X
AUTHENTICATION	X	X	X	X	X	X	X	X
BODY	X	X	X	X	X	X	X	X
PUBLICATION PER DAY (1)	X	#	X	X	X	X	X	X
NUMBERED CONSECUTIVELY IN SERIES IN CALENDAR YEAR	X	X		X	X(2)	X(2)	X	X
PARAGRAPHS NUMBERED WITH ARABIC NUMERALS	X(3)	X	X(3)	X	X(3)	X		
SEPARATE SECTIONS DESIGNATED WITH ROMAN NUMERALS	X(4)				X(4)			
PARAGRAPHS NOT NUMBERED			X(3)				X(5)	X(5)
CHIEF OF STAFF'S NAME APPEARS IN AUTHENTICATION(6)	X	X		X	X		X	X
MAXIMUM USE OF ABBREVIATIONS		X	X					
MINIMUM USE OF ABBREVIATIONS	X			X	X	X	X	X
DATE LINE STYLE: DAY-MONTH-YEAR		X						
DATE LINE STYLE: MONTH-DAY-YEAR	X		X	X	X	X	X	X
AUTHORITY APPEARS AS LAST LINE IN BODY		X	X					
APPOINTMENT OF ALL BOARDS AND COURTS		X						

	General Orders	Special Orders	Letter Orders	Bull- etins	Circ- ulars	Memo- randa	Gen CM Orders	Special CM Orders
DIRECTIVE IN NATURE. GENERAL IN APPLICATION. TEMPORARY IN DURATION					X			
DIRECTIVE IN NATURE. GENERAL IN APPLICATION. PERMANENT IN DURATION	X							
ISSUED IN LIEU OF BULLETINS AND CIRCULARS						X(7)		
DIRECTIVE IN NA- TURE AFFECTING STATUS OF INDIV- IDUALS		X	X				X	X
INFORMATION & ADVISORY IN NA- TURE. PERMANENT IN DURATION				X	X			

- (1) X = unlimited # = only one per day
- (2) An unnumbered series may also be issued
- (3) Single paragraph not numbered
- (4) Single section not numbered
- (5) Except when announcing the result of two or more trials of the same person on the same day.
- (6) Only when commanding officer is a general officer and his headquarters is provided with a general staff group.
- (7) Numbered = permanent; unnumbered = temporary.

14. ESSENTIAL ARMY REGULATIONS AND PUBLICATIONS NECESSARY FOR OPERATION OF A UNIT PERSONNEL SECTION.

a. T/O for unit (8-550)

b. TM 12-250 dated October 10, 1942.

c. Army Regulations

Subject

310-50	Orders, Bulletins, Circulars, Memoranda
310-100	Blank Forms
310-105	AGO Blank Forms, Allowance, Etc.
330-40	Duty Code of W.O. and O.
330-63	Units and Installation Code
340-15	Correspondence
345-5	Personnel Management - Personnel Records

345-25	Duty Roster
345-50	Strength Returns
345-125	Service Records
345-155	Preparation of Army Pay Roll
345-400	Morning Reports
345-470	Discharge Certificate
345-900	Personnel Rosters
600-355	Arrest and Confinement
605-90	Officers and Warrant Officers Classification
615-25	Initial Classification of EM
615-30	Army Serial Number
615-275	Furloughs, Passes and Delays
615-300	AWOL and Desertion
615-360	Discharge, Release from Active Duty
850-150	Authorized Abbreviations and Symbol

d. References

<u>Subject</u>	<u>Paragraphs TM 12-250</u>	<u>References</u>
Use of AR's	171-184	AR's 1-6, 1-10, 1-15, 350-5, 600-185, 600-15, 35-1540, 35-2480, 35-2600, 35-6560, 40-1080, 345-400, 600-550, 210-65; TM 10-310, 12-250
Org of Hqs	149-164	AR's 15-5, 345-5, 210-50, WD Cir 195 (1941)
Administrative Operation of Hqs	185-200	AR 345-400, 345-900, 345-5
Unit Personnel Section	220-230	AR 345-5
Special Orders	481-503	AR 310-50
Initial Roster		AR 345-900
Morning Reports	88-98 440-446	AR's 15-5, 345-5, 345-400; WD Cir 195 (1941)
Sick Report & Company Punishment	99-108 119-124	AR's 35-1440, 345-125, 345-415, AW 107; AR 600-10; AW 104.
Duty Roster	109-118	AR 345-25
Service Record	231-269	AR's 615-275, 35-1500, 600-45, 600-68, 600-10, 345-125.
Duties of Key Noncommissioned officers	80-84	TM's 10-205, 10-210; WD Cir 195 (1941)
Classification	366-379	AR 345-5
Locator Card Files. Officers and Enlisted Men	386-390	
Transfers, etc	318-325	AR's 615-200, 35-2560, 35-6680; WD Cir 206 (1941); WD Cir 308 (1942)
AWOL and Desertion	326-332	AR's 35-1420, 615-200, 345-125, 615-360, 345-155; AW 28, 58, 61.
Statement of Charges	24, 26 310-317	AR 345-300

<u>Subject</u>	<u>Paragraphs TM 12-250</u>	<u>References</u>
Pay and Mileage of Officers	422-432	AR's 35-3420, 35-1700, 35-1720, 35-4220, 210-10, 35-1360
Pay and Allowances	270-289	AR's 35-1320, 35-2320, 35-2340, 615-10, 35-2360, 35-1500, 35-1480, 35-2400, 35-2580, 35-2560, 615-200, 35-4820, 35-2420, 35-4520, 35-5520, 310-50, 35-2440, 35-2600, 345-125, 35-1420, 35-2460, 35-1460; AW 54; WD Cir 123 (1940).
Pay Rolls	290-309	AR's 35-2440, 345-155, 35-2320, 35- 2360, 35-2380, 35-2400, 35-2420, 35-2520, 35-2560, 35-2580, 35-2600, 35-2640, 35-1480, 35-1500, 35-4520, 35-2480, 35-2460, 35-2620, 35-1420, 35-1460, 35-520, 345-300, 35-1540, 35-1400, 35-1440, 345-155; WD Cir's 123 (1940), 201 (1941), 223 (1941)
Personnel Correspon- dence	471-480	AR 340-15
Final Statements	349-365	AR 345-475
Discharges	333-348	AR 40-100, 615-360, 850-75, 150-5, 155-5; WD Cir 80 (1941), 99 (1941)
Company Fund	52-60	AR's 210-50, 210-65.

MOVEMENT ON CHANGE OF STATION

1. GENERAL INSTRUCTIONS

a. The movement of a unit from this station will be governed by:

- (1) An alert.
- (2) A movement order.
- (3) Departure time order.

b. Specific provisions for compliance as contained in the Movement Order will supplement and/or supersede parts of these instructions, and in any case where these general instructions conflict with the specific provisions of the Movement Order, the particular embarkation regulations, and the departure time order, the latter will control.

c. Upon receipt of Movement Orders, the Unit Commander will also be furnished specific information applicable to the particular Port of Embarkation to be employed.

2. STEPS TO BE TAKEN UPON RECEIPT OF "ALERT".

a. By the Unit Commander

(1) Coordinate and supervise the activities of subordinate officers in their respective duties and functions as hereinafter outlined.

(2) Designate an Advance Party to consist of two officers and five enlisted men to include Supply (2), Mess (2), and Clerk Typist (1).

(3) Designate the Train Commander, the Train Quartermaster and the Class "B" Finance Officer, Mess Officer, Train Surgeon, one officer for each car.

(4) Advise every individual of that provision of the Article of War 28 which reads as follows:

"Any person subject to military law who quits his organization or place of duty with the intent to avoid hazardous duty or to shirk important service shall be deemed a deserter."

(5) Distribute Change of Address Cards to officers and enlisted men.

b. By the Unit Adjutant

(1) Insure that property, records, blank forms, and office supplies to be taken are properly marked, boxed and prepared for shipment,

in such a manner as to be readily accessible for the transaction of daily business during the journey and until arrival at destination.

(2) Arrange with Camp Headquarters for transfer of all personnel who will not accompany their unit, furnishing names and serial numbers of each officer, warrant officer and enlisted man with reason for transfer.

(3) Arrange with Camp Headquarters for release of all enlisted men in confinement except those serving sentences of a general court-martial.

(4) Insure that surgeon has arranged for release from hospital of all enlisted men and officers, and arrange liquidation of any unpaid vouchers.

c. By the Unit Personnel Officer

(1) Maintain contact with company commanders as to the exact status of all enlisted men who will not accompany unit, and arrange with higher authority for the transfer of such men of the following classes:

(a) All applicants seeking commission and who have been finally accepted. Also included are those who have been examined and found qualified but whose acceptance depends on necessary higher authority.

(b) Personnel not physically qualified for active field service (MR 1-9, 19 April 44)

(c) Prisoners serving sentence of General Court-Martial.

(d) Men Absent Sick, or those sick in Station Hospital who are unable to accompany their unit.

(e) Men having undesirable traits of character and awaiting disposition under AR 615-360 and WD Circular 270, 1941.

(f) Determine action directed by higher authority relative to the men reported having subversive tendencies by the Unit Adjutant and make such disposition of individual cases as is ordered.

(g) Men whose release from service because of undue hardship is pending.

(h) Men absent with leave on pass or furlough who cannot be reached in sufficient time to be recalled.

(2) Prepare rosters for use in checking troops at places of entrainment, containing name, rank and serial number. All change in

personnel must be recorded promptly.

(3) Obtain from Unit Surgeon

(a) Certificate of Physical Examination of all enlisted men ordered overseas.

(b) WD Form 81 (immunization register) on each enlisted man.

(4) Insure that all officers have WD AGO Form 77, officers' Pay Data Card.

(5) Execute all forms submitted by the Company Commander as requested by the enlisted men (Insurance, allotments, etc).

d. By the Unit Surgeon

(1) Insure that all men are given the special physical examination required by par. 14, AR 40-100, prior to departure for overseas service. Arrangements for these examinations will be made upon request of company commanders concerned. A certificate as to physical examination of all men ordered overseas in the form prescribed by par 3 c, AR 30-1190, dated Dec 12, 1941, will be furnished the unit personnel officer.

(2) Initiate the following immunization in conformity with current War Department instructions as soon as practicable.

(a) Re-vaccination with small pox vaccine and completion of inoculation as required by AR 40-215, provided these have not been completed within 12 months prior to departure from Continental United States.

(b) Vaccinations with tetanus toxoid as directed in AR 40-210, Sec III, Par 10 c (3).

(c) Vaccination with .5 cc typhoid if has not been done in past six months.

(d) Such other vaccinations or inoculations as may be directed in the specific orders of movement.

(3) Each individual wearing spectacles will take two pairs and a dated prescription thereof. The prescription will be entered in the Service Record of enlisted men, and on the Immunization Register of Officers.

(4) Complete MD Form 81 (Immunization Register) for all officers and enlisted men and dispose of as follows:

- (a) For officers--deliver to the officers concerned.
- (b) For enlisted men--deliver to Unit Personnel Officer.

e. By Unit S-4

(1) Prepare lists of all organization property authorized in T/BA, in the form of a check sheet, allowing columns to report the number authorized, number on hand, and number short; indicating the components of the various sets authorized by T/BA.

(2) Submit a consolidated report of Unit T/BA shortages to Supply Section.

(3) Issue suitable packing list forms and consolidated list showing unit weight and unit volume, total weight and total volume of all items of equipment authorized by T/BA.

(4) Prepare requisition for transportation facilities based on type of movement involved (all rail, all motor, or mixed), with assistance of Transportation office.

(5) Upon requisition by Unit Commander, Camp Engineers will provide materials required for boxing, crating, vehicle loading, stencilling, and tagging.

f. By the Detachment Commander

(1) Cancel all furloughs and passes by telegraph or telephone, directing personnel to return by most rapid means of transportation available.

(2) Recover all individual and unit property undergoing cleaning or repair and/or furnish Camp Quartermaster with forwarding instructions.

(3) Prepare to turn in on departure all property loaned to Unit by S-4 on memorandum receipt (or by any other agency).

(4) Insure that all men have completed all required immunization. These are described under duties of surgeon.

(5) Withdraw all identification cards in possession of enlisted men and destroy same. Insure that all officers and men are wearing correct identification tags prescribed in paragraph 85, AR 600-35.

(6) Report to Personnel Officer for transfer or other appropriate disposition, men who will not accompany the unit on change of station.

(7) Advise all enlisted men as to their privileges of making allotment to dependents and to commercial life insurance companies,

applying for National Service Life Insurance and authorizing deductions of pay for premiums thereon. Also, bring to their attention the advisability of making wills, powers of attorney and attending to other personal arrangements prior to their departure overseas.

(8) Segregate the following records which will accompany the unit:

- (a) Daily sick reports (six months)
- (b) Duty Rosters (current only)
- (c) Morning Reports (six months)
- (d) All company fund records.
- (e) Necessary company rosters for purpose of checking men at points of departure and arrival.
- (f) Collection sheets.
- (g) Mess records.
- (h) All files of company orders and company punishment.
- (i) Current files of orders from higher headquarters.
- (j) All other records necessary in the transaction of current company business.
- (k) Class "E" and class "B" set of AR's and essential bulletins and circulars.
- (l) Form 20's for EM and 66-1 for officers.
- (m) Retained copies of pay rolls and pay vouchers (six months)
- (n) Unit order file; appropriate T/O, T/BA, and T/E.
- (o) Service records with duplicate copies of authorization of allotments.

(9) Box, mark, and store at last permanent station of unit, all records not required in the transaction of business as prescribed by Section VI, Circular 28, 1942. (List of such records will first be submitted to the Unit Adjutant for approval by the Unit Commanding Officer).

(10) Settle all company fund indebtedness and arrange to transfer funds to new station.

(11) Dispose of all organization fund property; this cannot be taken with units on overseas movements (except items of athletic or recreational equipment).

(12) Arrange for the release of all enlisted men in confinement except general prisoners.

(13) Consult the Camp Surgeon and arrange for the release of men of the company who are patients in the Station Hospital who may be physically able to accompany their organization.

(14) Advise men of the rules governing method of packing and marking baggage (See instructions: P.O.M.)

(15) Conduct "showdown" inspection to insure that all have complete equipment in their possession.

(16) Inspect all equipment and clothing to insure that same is marked in accordance with instructions in POM.

(17) Arrange with surgeon for physical examination of all men in the company.

(18) Schedule a roll call, instructing officers and NCO's to use the following system:

Call out the individual's last name and cause him to answer by calling his first name and middle initial. In case of duplications of last names in a company, the concerned will be called by the last name and first initial; in which case the response will be the first name and initial, if any.

3. STEPS TO BE TAKEN UPON RECEIPT OF MOVEMENT ORDERS

a. By the Unit Commander

(1) To invoke all secrecy precautions. See section IV, POM, and WD Pamphlet No. 20-7.

(2) To schedule and coordinate all movement details: freight and baggage loading, and entrainment in accordance with departure schedules.

(3) To examine the security of equipment loaded and the efficiency of all other loading arrangements.

(4) To instruct the Train Commander to inspect the train in accordance with provisions as outlined in WD Pamphlet No. 20-7.

(5) Obtain clearance for each member of his command.

(6) Report direct to the Chief of Ordnance, Pentagon Bldg. Washington, D. C., the make, type, and U. S. Registration number on all motor vehicles which will accompany the unit overseas. This report will be made by the most expeditious means available as soon as possible after the receipt of warning orders. Subsequent major changes will be similarly reported. This information is necessary in order to determine the spare parts which should accompany the unit for maintenance purposes.

(7) Submit requisitions for necessary supplies and equipment to the Camp Supply Officer.

(8) When directed by the port commander, send an advance billeting party to the staging area to make preliminary arrangements for the reception of the unit. This advance party should include

one noncommissioned officer per company or similar unit, and officers as considered necessary. A representative of the unit training officer will be included in the advance billeting party so that he can familiarize himself with training facilities at the staging area.

(9) As directed by the port commander, report in person, or by representative, to the proper port of embarkation, prepared to accomplish the following:

- (a) Furnish information concerning freight shipments made by the unit.
- (b) Furnish information concerning priorities of loading transports.
- (c) Sign for supplies and equipment received at the port for the unit.
- (d) Check equipment received at the port and report to the port commander all shortages of equipment not covered by shipments, as determined from reports received by the port commander. (Overseas Assembly Section).
- (e) Report to the Port Commander all equipment and supplies not received by sailing date. This report will be based on the following:
 - (1) Shipments to the port by the unit.
 - (2) Shipments to the port for the unit by the Chiefs of Supply Service.
 - (3) Articles in the hands of the unit, including equipment and supplies secured at the Port of Embarkation.

(10) Designate a Mess Officer for each train.

b. By the Unit Adjutant

(1) Obtain a record of all clearances on enlisted men and officers.

(2) Notify Post Commander, Camp Adjutant, Camp Signal Officer, and Camp Postal Officer as to time of departure of unit and furnish necessary information for forwarding of mail and telegrams. The Post Adjutant will be furnished a roster of all men departing with unit.

(3) Reproduce about 300 copies of orders.

(4) The names of personnel traveling T.P.A. must appear on order.

c. By Unit S-4

- (1) Prepare and submit to Camp Supply Officer requisitions for items of equipment that are short.
- (2) Assemble data required for reports prescribed by par 3, AR 30-1190. This report is coordinated by the Unit Adjutant.
- (3) Provide each organization with type "B" rations if specified in movement orders.
- (4) Order upon direction of Unit Commander the necessary rail transportation from the Transportation Officer, Supply and Service Branch.
- (5) Secure necessary blocking material to load heavy equipment by requisitioning on forms available, where arrangement for boxing crating material may also be made.
- (6) Consolidate the reported shortages of the unit and submit to Camp S-4, indicating only those shortages that actually exist at this time.
- (7) Furnish Ordnance with information on motor vehicles which are unserviceable for report to Service Command. Indicate the make, type and U. S. Registration Number.
- (8) Provide adequate facilities for loading, such as ramps, crossovers, from car to car, night lighting equipment, and access roadways to loading points.
- (9) Survey the rail equipment made available pursuant to Transportation Requisition and arrange and supervise the actual loading of material and equipment.
- (10) Install Army Field Range in accordance with existing Army Regulations and Circulars.
- (11) Prepare in quadruplicate, a consolidated, itemized list of shipments of organizational equipment containing the shipment number and letter, date of shipment, items shipped, initials and number of freight cars used and brief description of the contents of each car.
- (12) One copy of each of the above reports (shipments) will be furnished the Water Transportation Branch, Transportation Service, ASF, Washington, D. C., Supply Embarkation Section.

d. By Company Commanders

- (1) Direct all men to notify their correspondents as to a change of mailing address. The Army Post Office Number will usually be furnished with the movement.

(2) Turn in to Camp Quartermaster prior to departure all unopened foodstuffs not required for the journey.

(3) Invoke the necessary secrecy precautions (POM Sec IV)

(4) Advise men as to the nature of articles that are prohibited in the barracks bags (POM).

(5) Advise men how to ship home or otherwise dispose of belongings which cannot be packed in the bags. Items of civilian clothing may be sent home at the expense of the government (Sec II, WD Circular 122, April 25, 1942 as amended). Prior to movement from the Staging Area, a showdown inspection will be made to insure that prohibited items have been excluded and that men have all articles of individual clothing and equipment provided in T/BA.

(6) Designate the equipment, supplies and other organization impedimenta to be packed, crated and marked.

(7) Direct construction of boxes and crates sufficiently sturdy to withstand heavy blows and heavy loads of other boxes that might be placed on top in hold of ship. Boxing and crating should be designed to stand alone and to furnish protection for articles packed.

(8) Make up separate detailed lists of contents of each box and crate when packing. Five copies will be prepared and disposed as follows:

- (a) One copy tacked inside each box (waterproof envelopes not necessary)
- (b) Two copies in waterproof envelopes tacked outside box.
- (c) One copy to Transportation Officer.
- (d) One copy retained by Unit Supply Officer.

Note: Contents of boxes must be itemized only when not packed as a complete set. A carpenter's chest with tools will appear as one item, although it may or may not be boxed with other items.)

(9) Direct that numbering of boxes and crates be deferred until packing has been completed. Then place boxes, barrels and crates in separate groups and number each type consecutively.

(10) Exclude all items of Post, Camp and Station property and Company Fund property except those items of athletic or recreational equipment that may be carried. The Company Commander preparing his unit for overseas movement will pack or crate for shipment no item of furniture or equipment except as authorized his unit by T/BA or by the movement orders.

e. By the Class "B" Finance Officer

The Unit Commander will designate one officer as the Class "B"

Finance Officer who will be responsible for making all necessary monetary arrangements for the trip, other than those handled by Train Quartermaster.

4. THE ADVANCE AND BILLETING PARTIES

a. General

(1) Unit commanders will select the Advance and/or Billeting Parties upon receipt of instructions from the Port Commander. The requirements for these parties are determined by the regulations of the particular port of embarkation to be utilized.

b. Duties of the Advance Party:

(1) Hold themselves in readiness to comply with any notice specified by the Port Commander for arrival thereat. (New York - 5 days in advance of first troop elements; San Francisco - specific date in advance of material and shipment)

(2) Assemble following information for report to Port Commander:

- (a) List, in detail, of all shipments from station of departure.
- (b) List of T/BA shortages, as reported to higher authority.
- (c) Statement of unfilled requisitions to be filled by direct shipment to port of embarkation.

(3) Cooperation with the representatives of the Port Commander on all matters pertaining to the arriving troops. Space and materials for such liaison work will be provided by the Port Commander.

(4) Arrange with representatives of Port Commander for:

- (a) Type and amount of supplies and equipment the unit will require upon arrival.
- (b) A schedule of priorities of loading.

(5) In cases where a billeting party is not provided, the advance party will normally assume its functions and arrange for billeting and messing during the unloading and stay in the staging area subject to instructions of Port Commander.

(6) Such other duties as the Port Commander may direct.

c. Duties of the Billeting Party

(1) Hold themselves in readiness to comply with any notice specified by the Port Commander.

(2) Arrange for Billeting and Messing the Unit force at the Staging Area.

(3) Such other duties as the Port Commander may direct.

5. BOXING, CRATING AND MARKING OF ORGANIZATION EQUIPMENT

a. General (consult Section III, POM)

(1) Unless specified otherwise in Movement Orders all organizational equipment covered in the Table of Organization, Table of Basic Allowances or Special Tables of Allowances will be crated prior to departure from this station.

(2) All equipment requiring crating will be packed at home stations unless necessary for use enroute, in which case crating materials will be prepared at home stations and shipped or taken with the equipment to the Port of Embarkation so as to facilitate crating there.

(3) Whenever practicable to assemble as much information regarding packing requirements of the unit as is possible before the official Alert is received. Upon receipt of the Alert at the post, units are authorized to submit requisitions for boxing and crating materials to the Rail Transportation Officer through the Embarkation Section. Forms for this purpose are available at the Embarkation Section which is prepared to offer advice and assistance necessary to their preparation.

b. Procedure

(1) Preparing articles for packing

(a) Remove detachable parts, pack them well, and ship them in separate containers, or carefully pack and securely attach them inside the article itself or inside of the crate.

(b) Improvised denim or small burlap bags should be used to hold casters or small loose parts and fastened inside the crate.

(c) Drawers, doors and slides should be closed and securely braced or blocked shut. Locking is not sufficient.

(d) Grids, grates, attachments, etc., should be fastened securely in place with tough twine, wire or by some other approved method which will not cause damage to the article or the parts themselves.

(e) Small items of mechanical equipment and machinery containing fluids in their working parts must be drained or otherwise prepared so that leakage will be prevented. It will be necessary, when done, to attach a tag or some other marking stating that fluids must be replaced before machinery can be placed in operation.

(f) Buckets, G.I. cans and other similar items of equipment will be nested whenever possible to conserve packing materials and cargo space.

(g) When several articles are used in combination to form a set or kit they will be packed together, providing that the resulting crate or box is not too large or cumbersome, or does not waste space and materials.

(h) Gasoline cans will be completely drained and aired with covers removed before being packed for shipment.

6. VEHICLES

a. Regulations governing loading of vehicles.

(1) All vehicles must face the direction of travel.

(2) Clearance cannot be less than six inches from brake wheel.

(3) Doors, windows and ventilators will be carefully closed and vehicles left in low range, low gear with emergency brakes set.

(4) Drainage of gas tanks not necessary. Tanks must contain enough fuel for at least ten miles. No bundles of freight to be stored in vehicles when shipments are to Port of Embarkation.

(5) Paulins folded and placed in cab.

(6) Bows moved forward to the front of truck, wired and held together with a stick of wood nailed into the bows.

(7) Each vehicle will carry keys wired to the steering wheel, enclosed in a small cloth bag.

(8) Tires will be inflated with an extra ten pounds (after checking preferably by a service crew with a portable air compressor).

(9) Every vehicle will have the code number and letter clearly stencilled on both sides of hood, or comparable location with letters and numbers $1\frac{1}{2}$ inch high and of a contrasting color.

(10) If shipment is destined to cold weather climates, radiators should be drained and filled with appropriate anti-freeze.

(11) Hinges, bolt heads and other movable parts should be greased. Provisions for electric lighting should be made for night loading. Coleman lanterns will require refueling after six hours.

b. Train Guards

(1) Number of Guards to be furnished.

Two guards will be provided for each shipment of not more than four cars moving under guard and an additional guard will be provided for each additional four cars, but not in excess of eight guards, unless extraordinary circumstances require additional guards and a special arrangement is made in advance with carrier. A commissioned officer will be placed in charge of the guards when shipments consist of ten or more cars or when otherwise deemed necessary.

(2) Advance Notice

Unit Commanders will furnish a list of these men by full name and serial number to the Adjutant, Camp Headquarters, in sufficient time to permit them to be included in Special Orders and Bills of Lading.

(3) Orders Relating to Conduct of Guards Accompanying Shipments.

Officers in charge of military guards accompanying government freight shipments, prior to the beginning of the journey, will issue orders to the following effect:

- (a) Prohibiting guards from riding in hazardous positions on cars or shipments loaded on freight trains.
- (b) Prohibiting guards from changing position on train while train is in motion except in the performance of duty.
- (c) Prohibiting guards from delaying train movement at stopping points through failure to return promptly to train.
- (d) Prohibiting guards from throwing hot ashes, fire, lighted cigarettes, cigars, matches or any other dangerous or unsightly articles from cars or in any way cause damage to railroad property.
- (e) Such further orders as in the judgment of the officer in charge of the guards may be necessary.

(4) Transportation of Guards - How Furnished

(a) Transportation requests are not required for the portion of the trip during which the guards will ride on the freight train with shipment. Transportation on passenger trains occurring in connection with trip for attendants with freight shipments will be arranged and obtained separately in accordance with pertinent regulations.

(b) Railroads will not be requested to furnish passenger equipment in freight trains for the purpose of carrying guards with freight shipment. Only such accommodations as are available on freight trains can be required of carriers.

(5) Exceptions

The foregoing instructions do not apply to attendants with freight shipments in mixed troop trains which are governed by pertinent regulations.

(6) Clothing and Equipment

All individual clothing and equipment will be carried in barracks bags properly marked.

(7) Arrival at Destination

Upon arrival at destination, guards will report to the Rail Transportation Officer for further instructions and dispositions as directed by the Port Commander.

c. Tools and Tool Chests

All tool chests will be emptied and left unlocked so they may be inspected at any time. The tools which accompany each vehicle as part of its equipment will be boxed and the box marked with the shipment number and the number of the truck to which they belong. The box will be securely fastened to the bed of the vehicle or stored in the cab.

7. TROOP TRAINS

All required information is contained in War Department Pamphlet No. 20-7, "Troop Train Commanders' Guide" dated 14 March 1944.

TABLE OF CONTENTS

1. ADMINISTRATION

a. Organization Headquarters

- (1) General Organization.....Section I
- (2) Official Files.....Section II
- (3) Company Correspondence File.....Section III

b. Records always kept in company

- (1) Morning Reports.....Section IV
- (2) Duty Roster.....Section V
- (3) Punishment Record.....Section VI
- (4) Insurance.....Section VII
- (5) Sick Book.....Section VIII

c. Personnel Records (May or may not be kept in company)

- (1) Personnel Section.....Section IX
- (2) Service Records.....Section X
- (3) Qualification Cards.....Section XI

2. PAY MATTERS (See also Final Statements)

- a. Pay Rolls.....Section XII
- b. Allotments and Deductions.....Section XIII

3. MESS OPERATIONS

- a. General.....Section XIV
- b. Field.....Section XV

4. SUPPLY (Except Mess and Motors)

- a. Supply Room and Records.....Section XVI
- b. Property Accountability.....Section XVII
- c. Clothing and Equipment.....Section XVIII
- d. Statement of Charges.....Section XIX

5. MOTORS.....Section XX

6. COURTS MARTIAL

- Charge Sheets.....Section XXI

7. UNIT AND SIMILAR FUNDS

- a. Use and Handling of Funds.....Section XXII
- b. Vouchers.....Section XXIII
- c. Council Book.....Section XXIV
- d. Check Book.....Section XXV
- e. W.E.M.A. Funds.....Section XXVI

8. DISCHARGES

- a. Separation from Service.....Section XXVII
- b. Final Statements.....Section XXVIII

9. MISCELLANEOUS.....Section XXIX

SECTION I

GENERAL ORGANIZATION

1. Does every officer have identification card (WD AGO Form 65-1); Pay Data Card (WD AGO Form 77); two complete identification tags; Immunization register, to include prescription for glasses, if required (MD Form 81); and have dental defects been corrected (WD Cir 33, 1942).
2. Does the orderly room present a neat, orderly and business-like appearance?
3. Are desks kept cleared of old papers and records?
4. Are places provided for storing stationery stocks, books, supplies, etc:
5. Does the First Sgt keep an up-to-date list of Standing Orders or policies of the Org Comdr? (TM 12-250, page 49, Sec II, Par 80)
6. Does the Co maintain a neat and well posted Bulletin Board?
7. Are the duties of the Charge of Quarters posted on the Co Bulletin Board and are all men acting as CQ's required to read and understand them?
8. Has unit mail officer been appointed (WD Cir 381, par 1, 1942) Is incoming and outgoing mail properly safeguarded? (FM 12-105)
9. Does the Co Comdr or his representative make a detailed daily inspection of the Company area at a regular hour?
10. Is one person in each tent or barracks responsible for maintaining neat and clean appearing quarters?
11. Are standing orders posted, providing for uniform arrangement of quarters?
12. Have all personnel been informed of the provisions of Soldier's and Sailor's Civil Relief Act of 1940 and all amendments? WD Bul 35, 1940?
13. Have the Articles of War been read to all personnel? (AW 110)
14. Are all Squad Ldrs familiar with their duties? (Par 4, AR 245-5)
15. Is the spirit of WD policy in respect to passes and furloughs being complied with? (AR 615-275).
16. Have all non-citizens been advised of opportunities for naturalization? (Cirs 120, and 341, Sec V, 1942)
17. Are all "SECRET" and "CONFIDENTIAL" papers properly safeguarded? AR 380-5.
18. Has combination been changed recently on all safes or filing cabinets having combination locks?
19. Has list been prepared of org records to be taken overseas and those to be stored on permanent change of station? WD Cir 28, Sec VI, 1942 and AR 345-10.
20. Has all dormant scrap in the unit area been collected and properly disposed of?
21. Have recruits been given "Org History" talk as required by par 5b, AR 345-105?
22. Are all troops familiar with the contents of AR 380-5, particularly par 4, and do they know what is included in the term "military information"?

SECTION II

OFFICIAL FILES

(References are made to AR 310-200, 1 May 1943, unless otherwise specified. See also AR 310-50. Check also AR 1-10; 310-105; 345-5, dated 4-15-42, AR 345-620; 345-1000; 310-200; FM 21-5; TM 12-250; Cir 335, 1943)

1. Are all files arranged for ready reference?
2. Does org have two copies of applicable T/O? (AR 310-200)
3. Does the org (Bn or lower unit) have on hand a Class E set of AR's as listed in AR 1-10? Par 7d, AR 310-200, are they posted to date?
4. Are WD Cirs being promptly and correctly annotated?
5. Are the following on hand and posted up to date? (Change 6, par 19 AR 310-200)
 - a. War Dept Cirs?
 - b. War Dept Bulletins?
 - c. War Dept Orders?
 - d. War Dept AGO Memoranda Series "W" and Series "S"? (WD Cir 264, 1942)
 - e. Gen Orders, Special Orders, and Memoranda from higher hqs, applicable to the unit?
6. If any of the above are missing, has a request been made to the responsible distributing agency for copies needed? (Par 3b)
7. Company Orders. (Par 1b, AR 310-50)
 - a. Does unit have complete file of such orders?
 - b. Are they numbered serially within the calendar year?
 - c. Are they properly authenticated? (Par 13, AR 310-50)
8. Is there a Co training program? (Par 122, FM 21-5).
9. Are weekly training schedules being prepared? (Par 131, FM 21-5)
10. Is "Report of Indiv Classification in Arms" maintained? (WD AGO Form 110; par 3, AR 345-1000)
11. Does Org have its pertinent, authorized, and up-to-date forms? (Par 3, AR 310-105)
12. What disposition is made of old records? (Par 5, AR 345-10;)

SECTION III

COMPANY CORRESPONDENCE FILE

References are to AR 345-620, unless otherwise specified.

1. Is an alphabetical index maintained of all correspondence originating, forwarded and received? (Par 2)
2. Is all correspondence numbered serially for each calendar year (Par 1b)
3. Is all correspondence filed in $9\frac{1}{2}$ x $12\frac{1}{2}$ inch envelopes? (Par 1a)
4. Is the original copy of a summary made of letters sent by org filed in correspondence file? (Par 1a)
5. Do the file envelopes have typed or written in ink on the outside, the file number, date, and subject of correspondence filed therein? (Par 1c)

6. Is correspondence filed in numerical order, without folding? (par 1c)
7. As each communication is numbered and filed, is the corresponding file number, on the outside of the envelope and underscored with ink or indelible pencil? (Par 1c)
8. Are additional envelopes being used as required and numbered serially for each calendar year? (Par 1d)
9. Is actual inspection being made for the purpose of eliminating obsolete and unnecessary papers? (Par 3)

SECTION IV

MORNING REPORTS

References are to AR 345-400, 1 May 1944, unless otherwise specified.

1. Are M/R permanently preserved? (Par 1)
2. Are only abbreviations used which are authorized by AR 850-150?
3. Is nature of duty performed by men on Temporary Duty shown? (par 17)
4. In the event that any change shown on M/R occurred prior to the date covered by the report, is the date of such change shown? (Par 10b)
5. Has the time of change been shown in all cases of departure and return from absence without leave? (Par 20)
6. Are entries made from sick report when required?
7. Are necessary remarks transcribed from M/R to Service Record?
8. In the event of arrest or confmt by mil auth at another post, camp or station has the name of such post, cp, or sta been shown? (Par 22)
9. In cases of confmt by civil auth are the following items shown? Nature of offense? Whether or not held for trial? When tried, result of trial? (Par 22)
10. In cases of furlough or leave, has period on authorized absence been stated when reporting departure? (Par 19)
11. In case of transfer, is organization to or from which transferring shown? (Par 14)
12. In the "Record of Events", are remarks being made properly and up to date? (Sec IV)
13. Has enough data been recorded in above named section to be of value in compiling Regimental or Battalion History (par 33)
14. Is station always shown whether or not it is home station? (Par 35)
15. Are remarks in M/R concise but complete? Could someone else understand them two years hence? (a) Are changes in command shown under remarks? (Par 32) (b) Are changes in grade shown? (Par 26, AR 345-500)
16. Are used M/R filed in a safe and easily accessible place?
17. Is orgn or places where temp dy is being performed shown? (par 17)
18. Is approx duration of temp dy shown? (Par 17)
19. Remarks pertaining to spec dy will not be shown on M/R; are there any? (Par 15)
20. Is orgn and station stated where DS is to be performed? (Par 16)
21. If O's are placed on DS is the orgn and sta shown? (Par 16)
22. Upon return from DS is the orgn and sta shown? (Par 16)
23. When an individual is asgd is it stated whether he has joined; if not why? (Par 11)

24. Upon transfer are the prov of Sec IX, WD Cir 272, 1944, complied with?
25. When an individual is agd or atchd unasgd is the following shown:
MOS/ Unit from which trfd? MCO? Duty (O only)? Race? Authority for trfr? (Par 11)
26. In all remarks effecting presence or absence of individual not asgd is a statement made regarding attached unasgd or atchd from other orgn?
27. If an individual enters a hospital is the following shown: Previous status? LOD/ Name and location of hosp? (Par 18)
28. If an individual becomes a casualty because of a non-battle injury is there given a diagnosis and date of injury? (Par 25)
29. Are changes in grade or rank shown? (Par 26)
30. Are changes in MOS shown? (Par 30)
31. Are changes in prin dy of O shown? (Par 31)
32. Are changes in CO's shown in remarks? (Par 32)
33. Do the totals of column 6 to 13 incl equal the sum of columns 4 and 5? (Par 41)
34. Do the figures in column 1 and 2 agree with the roster of EM?
35. Are all pages numbered correctly? (Par 4)
36. Are corrections being made properly? (Par 5)
37. Is the M/R being properly authenticated? (Par 42)

SECTION V

DUTY ROSTERS

References are to AR 345-25, unless otherwise specified.

1. Does the unit comdr personally supervise the keeping of the duty roster? (8c)
2. Are all duties for service, except the authorized special details made by roster? (Par 2)
3. Are the names of all men in the unit listed on the duty roster?
4. Are details for any class of duty so made that the person longest off duty in that particular class is the first available for that duty? (Par 3)
5. Are separate rosters kept according to rank or grade? (Par 4)
6. Are the names on each roster numbered consecutively beginning with No. 1?.
7. Are the names of newly joined men placed at the foot of the respective rosters on the day after joining? (Par 6c)
8. When a man returns after being sick LD, excused duty, on furlough, special duty, or detached service, is he picked up on the duty roster where left off? (Par 11)
9. If man is AWOL, on pass, in confinement, in arrest, or absent sick NLD, is he charged on the roster, as if available for duty? (Par 6b)
10. When duty other than guard duty is performed has the date been lined out when same duty was last performed? (Par 10b)
11. When a new duty roster is opened, has the date when a man last performed a specified duty been entered opposite his name? (Par 10a, e.)
12. Are authorized abbreviations only being used? (Pars 11 and 12a)
13. Are duty rosters kept for one year and then disposed of? (Par 8f)

SECTION VI

COMPANY PUNISHMENT RECORD

Reference to paragraph 105-109 MCM; par 28, AR 345-125; AW 104.

1. Does punishment show (1) the offense, (2) date of commission (3) place of commission (4) punishment awarded, with (5) authority imposing the punishment, and (6) the date accused received notice that punishment had been imposed? (MCM Par 109)
2. Does the punishment record show that accused did or did not exercise his right to appeal? Was he advised of this right? (AW 104; MCM, par 109)
3. If appeal was taken as to any punishment under AW 104 does the punishment record show the decision of higher authority? If mitigation or remission of punishment resulted from such appeal, is this clearly shown? (MCM Par 109)
4. Has the org comdr signed or initialed each recd of punishment? (Par 124 TM 12-250)
5. Are all punishment recds filed in the office of the org comdr, or other proper place? (MCM Par 109)
6. Is a separate record kept for each man against whom punishment has been imposed?
7. Are only such punishments imposed as authorized by the 104 AW?
8. Does the org comdr delegate his authority to impose punishment under the AW 104? (Par 105 MCM)
9. What "yard stick" is used by the org comdr to determine that an offense is "minor" in its nature, and therefore within the purview of the AW 104 (Par 105 MCM)
10. Do the recds of punishment reflect that the org comdr utilized this disciplinary power effectively and judiciously; or does he resort unnecessarily to Courts-Martial jurisdiction for the punishment of offenders? (MCM Par 105)
11. Does the org comdr strictly enforce all punishments imposed by him under the AW 104? (MCM Par 106)
12. Is the accused notified of the nature of the offense charged against him and that imposition of punishment is contemplated under AW 104, unless trial by CM is demanded? (MCM, par 106)
13. If transferred are the records of each man's company punishment retained and permanently filed with the org where the punishment was imposed? AR 345-125.
14. Has prophylactic treatment been administered to all men returning to the company in an intoxicated condition? (WD Cir 249, 1941, par 5)

SECTION VII

INSURANCE

1. Has Life Insurance Officer been appointed as required by WD Cir 368, par VI, dated 9 Nov 1942?
2. Has each Life Insurance Officer provided himself with a copy of the Natl Serv Life Ins Act, and inaugurated a plan to promote the Gov Life Ins Program, through education of the personnel in his command as to the advantages to be gained from subscription of such insurance? WD Cir 387, 1942.

3. When a unit Ins O addresses selectees on the subject of Natl Serv Life Ins what steps are taken by Unit Comdrs to ascertain that no remarks are made by the Bns O which could be construed as prejudicial to the interests of commercial insurance companies?
4. Does the Pers O scrupulously check each WD AGO Form No. 29-3 to prevent an incorrect entry resulting in a lapse of policy involved?
5. Does the Pers O make proper NSLI notations on the Serv Recd and individual pay recds? (WD AGO 28, 1943)
6. Does the Pers O verify the correctness of correspondence and other papers pertaining to ins?
7. Is care taken, when forwarding prescribed paper, to make application effective as of the date of application or not later than the first day of the calendar month following the date of application? (WD Cir 7, 1942)
8. Is the applicant fully advised and is care taken to see that he understands that if the effective date of the policy is made the first day of the next calendar month, after application is filed, the U.S. will not be liable under the policy or death benefits until the actual effective date designated by the applicant?
9. Does each application contain a certificate by the Custodian of the individual's service recd as to all serv entries made thereon?
10. Are physical examinations submitted when required?
11. Are authorized deductions of pay coordinated with effective date of policy?
12. Are all blank forms furnished for use in making application for NSLI accomplished in duplicate; the original forwarded to the Vet Adm and the dup retained by the applicant? See WD Cir 387, par 4a and b, 1942)
13. Are enlisted men not desiring NSLI required to sign the statement "No Ins. Desired" after such statement is written or stamped across the first vacant space under the heading "Gov Ins" on p. 10 of the Man's S/R? (Par 27b, AR 615-500)
14. Has the date of the statement "No Ins Desired" been placed in the space provided for that purpose and signature of the enlisted man initialed by the custodian of his serv recd? (Par 27b, AR 615-500).

S E C T I O N V I I I

SICK BOOK

References are to AR 345-415, C1 to 5 incl, unless otherwise specified.

1. Does the designation of the org appear on the cover?
2. Does the date the book was opened appear on the cover?
3. Are all entries in ink?
4. Are any lines skipped?
5. Are blank lines lined out and initialed?
6. Has the org comdr or the Med O failed at any time to sign the Daily Sick Report? (Par 1c (1) and 1d)
7. Have all deletions been authenticated by the initials of the officer making them? (Par 3j)

8. Are there any erasures? (Par 3j)
9. Have all entries in "In line of Duty" column been made?
10. Do the entries of the org comdr and the med officer agree in all cases re "Line of Duty"?
11. If "No; AR 35-1440" has been entered in "In Line of Duty" column, has man been notified and afforded an opportunity to offer evidence, or appeal to higher authority? (Par 3f)
12. Has the Med O changed the "Line of Duty" Status?
13. Has the Med O entered the disposition for each case?
14. Are entries in the "Disposition" column limited to "Hosp", "Qrs" or Duty? (Par 1d)
15. Do all "not line of duty" entries check with Serv Recd?
16. Has personnel officer entered his initials in "Date" column opposite soldier's name for first and last entry of "No, AR 35-1440"? Par 3g, Cl)
17. Does question mark still appear under "LOD" column after man has left hospital and is back on duty in the org?
18. Is sick report signed by the org comdr each day before it leaves the orderly room? (Par 1c (1))
19. Does signature of org comdr and med officer include grade and org, arm, or service? (Par 3k)
20. Does the disposition column show the return to duty from hospital or quarters?
21. Is book completely used up before starting new one?
22. Are all sick reports being kept for eight yrs and then reported to Adj Gen for disposition? (Par 3, 1)
23. Have all original and duplicate copies of Phys Recd (Form 258) been destroyed? (Par 2, WD Cir 256, 1942)

SECTION IX

PERSONNEL SECTION

Each Company Comdr should be qualified and prepared to administer the forms and reports, covered by Sections X, XI, and XII although this responsibility devolves upon him ONLY when the Co is operating as a separate unit.

Otherwise, these are duties of the unit (Regt, etc.) personnel officer. When a Co is to be detached from its higher Hqs, either to operate as a separate unit or to join another comd, the personnel officer will turn over to the Comdg O of the Co all pertinent recds pertaining to the unit and its members, including the organization copy of the pay roll for the last period paid.

Sufficient qualified personnel to handle its personnel work will be detached from the unit personnel section and accompany it.

If attached to another comd, the comdr will report to the Adj Gen or Adj of the comd to which attached, who will designate an appropriate unit personnel section to serve the unit and to which unit records will be transferred and accompanying clerical personnel detailed. (Par 13 and 14, AR 345-5, 15 Apr 42)

SECTION X

SERVICE RECORDS

References are to AR 345-125, C1 to 23 incl, unless otherwise specified.

1. Have any erasures been made in Serv Recd? Has ink eradicator been used? Have erroneous entries been crossed out and initialed as prescribed (par 1h)
2. Are all entries made with blue-black ink except where use of pencil is auth? (lg & C 23)
3. Have inserts to Serv Recd been used where needed? Has required notation re use of inserts been made in correct place? (Par 1j, C4)
4. Are there any negative entries, except those specifically auth? (Par 1i)
5. Does the spelling of the enlisted man's name on the cover agree with the spelling on page 2? Is the ASN the same? Do the dates of enlistment agree?
6. In the case of "conscientious objectors" has notation been made on cover of S/R for each such man inducted? (Par 1, TAG Memo #W345-35-42, 10 Nov 42)
7. Has entry of company punishment been made anywhere in S/R? (Par 28 C 3)
8. On men who have entered the service since 15 Sept 1940, is component shown on front page?
9. Is "Color or Race" properly filled in?
10. Do the identifying initials of all officers authenticating entries in S/R, together with name, rank, and org appear on page 24? (Par lg, C 23)
11. Are authenticating initials entered in blue-black ink? (Par lg, C23)
12. Have all previous service men (or those retained in service) been re-vaccinated against small-pox at three year intervals? (Par 10c (1) AR 40-210, 15 Sept 1942)
13. Has the re-vaccination against typhoid fever been given annually to those men requiring it? (Par 10c, (2) C 6 to AR 40-210)
14. Are typhoid doses not less than seven nor more than ten days apart? (Par 10b, AR 40-210)
15. In cases of transfer prior to completion of typhoid-paratyphoid vaccination have the dates of partial immunization been entered? (Par 5)
16. Has record of tetanus vaccination and blood grouping been entered in S/R under "other vaccination" upon completion of 3 injections? (WD Cir 132, 1941, Sec II)
17. Are location and designation of local board of origin shown on page 1 of induction record? (Par 3)
18. Has blood type been entered?

Page 2

19. Are occupational and educational qualifications shown?
20. Are both beneficiary and alternate beneficiaries designated? Name,

degree of relationship and address of beneficiary and alternate beneficiary shown? (Par 6a, C3)

21. If designation of beneficiary has been changed, have name, address and degree of relationship together with date entry is made, entered under "Remarks Admin"? (Par 6b, C3)
22. If no beneficiary has been designated, has the fact been verified as required? (Par 6c (Verified - Signature - Date)).
23. Has the actual amount of prior service been verified by and initialed by the officer initiating the S/R? (Par 8, C 3) If not, has the Pers Adj verified this by checking discharge certificates or writing to the Adj Gen (Par 8, C3)
24. In case of R.A. Reservist called to active duty, is date of enlistment in RAR entered under heading "Current Enlmt", and the date soldier reported to active duty entered under "Remarks-Admin."?

Page 3

25. Exclusive of time lost, does the total prior service shown agree with longevity shown on page 2?
26. Do records of EM with prior service include the proper type of statement relative to AW 107? (Par 8, C 3).

Page 4

27. Are special qualifications shown in cases of all men, except recruits? Date shown? Re-rating? (Par 9b, C3)
28. When man is placed on SD, are class, place of duty, inclusive dates, with authority therefor shown? (Par 10)
29. Have AW's been read at six month intervals? Initialed? (Par 16)
30. Does date of entries under Articles of War indicate that they have been read recruits within six days of enlistment or induction? (AW 110)
31. Has record of sex hygiene instruction been noted in S/R? (Par 17)
32. Is qualification in arms entered? (Par 11, C 6)

Page 5

33. Is military record up to date? Correct type of order for promotion or reduction indicated? Initialed? (Par 12, C3)
34. Is assignment correctly shown (Par 13) Any attachment shown?

Page 6

35. Are furlough dates inclusive? Is authority shown? Is date of re-joining shown? (Par 14a)
36. If soldier is AWOL after furlough--after furlough is notation "AWOL after furlough-----days" shown? (Par 14b)
37. Are medals, decorations, and citations shown correctly? (Par 18)
38. Have serial numbers, fact and date of issue of Good Conduct Medal or Clasp been entered under "Remarks" (AR 600-68, par 8)

Page 7

- 39. Has recd of absence been correctly computed? (Par 19c)
- 40. If a man has been confined and/or convicted by civil authorities, is notation made, "See remarks, adm."? Are all remarks required by par 19h, C 3 shown in "Remarks Adm"?
- 41. Has sick NLD been entered? (Par 20) Do inclusive dates in S/R agree with entries in Sick Report?
- 42. Has absence after normal date of ETS been entered in correct space? (Par 20) When an enlisted man is retained in service after date of expiration of enlistment for treatment of disease or injury whether in line of duty or not in LOD, has reference to "Remarks-Financial" been made under correct heading on page 7? Has required entry been made in "Remarks-Financial" on page 13? (Par 20 $\frac{1}{2}$ C 4)

Page 8

- 43. Are any records of trial by courts-martial which have resulted in acquittal or disapproval of conviction shown? (Par 21b, C4)
- 44. Are the following entries made: Number of AW? Synopsis of specifications? Date of offense? Date sentence was announced and date of approval? If a general or special court, has the number, source and date of order promulgating sentence been shown? (Par 21d C3)

Page 9

- 45. Are allotments entered correctly? (Sec II, WD Cir 4, 1942)
- 46. When an enlisted man is in a status which deprives him of his pay has action been taken to discontinue his allotment? (Par 22d, C4)

Page 10

- 47. Has "Gov Ins" been blocked out and "NSLI" been inserted above where applicable? (WD Cir 125, 1940)
- 48. Has "Class N" been substituted for Class D where applicable? (Cir 125, 1940) Has Class "F" allotment been entered on Page 9 or 10?
- 49. In the event that NSLI is not desired has NO INSURANCE DESIRED been written or stamped, SIGNED by the EM, dated and initialed by the Custodian (Par 27b, AR 615-500).

Page 11

- 50. Have all deposits been verified and initialed? (Par 24b)
- 51. On pay detained by court martial, are amounts actually detained shown? Are pay rolls on which pay was detained shown correctly? (Par 25, AR 345-125 and Par 9, AR 35-2460)

Page 12

- 52. Is clothing account closed out as of Sept 15, 1940? (Ltr TAGO, AF 246.5 July 9 1941, MO-D-M, Aug 20, 1941).
- 53. Were all entries verified and initialed by Pers Officer?

54. Has notation of payment of re-enlistment allowance been made?
55. Have remarks referring to travel pay been correctly filled out? (Par 27b)
56. If soldier has been sick NLD, and has received the \$5.00 specified in par 3, AR 35-1440, 15 Nov 1943, has notation of such payment been entered? (Par 27b)
57. Are remarks being entered under "Remarks-Fin" that are entered elsewhere in S/R.
58. Is Class B almt being indicated for War Bonds? (WD Cir No. 44, 1943)
59. Are amounts and dates of all partial payments being entered on S/R under "Remarks-Fin": (Par 27b)
60. Has notation concerning Class F (Dependency Benefits) allowance been entered? (AR 35-5540)

Page 15

61. Campaign badges and authority therefor, wound chevrons when authorized, participation in action or battles or other administrative matters not shown elsewhere should be shown. (Par 27 a C 17)
62. Is religious preference indicated or remark that EM did not wish to state preference shown? (Par 23c (1), C 3, AR 600-750)
63. Has any unsatisfactory rating in driver's aptitude test been entered? (FM 25-10)
64. If marital status of soldier has changed, are full details shown? Date?
65. Upon completion of classification of blood type of each EM, has the result of such test been entered in S/R? (Par 5b, AR 40-1715, or page 1 S/R)
66. If soldier has been confined and/or convicted by civil auth, has the date of arrest, nature and date of offense, whether held for trial and convicted, and if convicted, has sentence adjudged been shown? (Par 19 h, C 3)
67. Is prescription for lenses and spectacle frames, and date of refraction shown? (Change 17, par 27a, and Change 22, par 4 b)
68. Is remark "FM 21-11 issued" and date of issue shown?
69. Has FS 30-3 been shown and date shown entered on S/R?
70. Has Infiltration Course been negotiated and date entered on S/R?
71. Has Basic Training been completed, MTP type and date entered?
72. Is remark, "WD Pamphlet 21-1 issued" and date of issue shown?
73. Has Malaria Control Course been completed and date of completion shown?
74. Has FS 8-1238 been shown and date shown entered?
75. Has first lecture of Sex Morality been given and date entered?
76. Has denture been issued, type and date entered?
77. Remark for Good Conduct Medal upon each transfer?
78. Has WD Circular No. 7, 1942 been read and explained?
79. Has WD MD Form 78 been made part of S/R when necessary? Has proper entry for closing of form been made if closed?
80. Upon transfer has custodian of service record stated whether ~~enl~~ man was favorably or unfavorably considered for Good Conduct Medical (or Clasp)? Upon discharge when EM is not recommended for Medal (or Clasp) no entry to that effect will be made (Par 8, AR 600-68)

INDORSEMENT - GENERAL

81. Are indorsements completed in all cases of transfer, change of station or desertion? (Par 29a)
82. Are correct terms for character and efficiency rating used? Are such entries made and initialed by Pers O. (Par 29b, and c, and changes.
83. Are stoppages (par 29c (2) and credits (par 29c (3) stated as "Due US" or Due Soldier on indorsements?
84. In case of desertion or dishonorable disch, execution suspended, are accounts stated fully and properly? (Par 29c, (4) C14)
85. In case of removal of charge of desertion (or restoration without trial) have remarks been made in S/R in compliance with par 33, C 14 and 34)
86. In cases of desertion, is date of desertion (or date dropped as a deserter) shown? (Par 30b, C14)
87. Has the date on which soldier reported been shown at foot of indorsement page on all cases of transfer or change of station?
88. In all cases of selectees discharged from active service, have final indorsements been made out transferring selectees to Enl Reserve Corps?
89. Has allotment status been fully shown on the last eight lines of "Due U.S."? (Par 22)

SECTION XI

QUALIFICATION CARDS

WD AGO Form 20

References are to AR 615-25, 31 July 1942 and changes 1 to 5 incl.

1. Are cards filed and correctly kept up to date? (Par 33b and 34b)
2. Are replacement filler cards being used when original card is removed? (Par 33c)
3. Does card accompany service recd when men are transferred, placed on Detached Service? (Par 34)
4. Are proper precautions being taken for the neat appearance and the security of these cards? (Par 34)
5. Are cards being utilized as contemplated in pars 27, 28, 29, AR 345-5?
6. Are cards properly marked when a man has qualified as a conscientious objector? (Par 16, C 4)
7. Are Infiltration Course, FS 30-3, and Malaria Control entered on Form 20, in par 28 when completed?
8. If an EM fires a qualification course with any individual weapon and fails to qualify has proper entry been made on card? (WD Cir 383, 1942, sec II)
9. What disposition is made of the Soldier's Qualification Card upon death or separation? (Par 23, AR 615-28)
10. Has an entry been made under "Classification in Military Specialties" as soon as he has progressively qualified in one or more specialties? (Par 28)

SECTION XII

PAY ROLLS

References are to AR 345-155, 15 Jan 1943 and change 1 to 11 inclusive unless otherwise specified.

1. Are Class "E" Allotments entered on vouchers and pay rolls in a lump sum?
2. Are allotments entered on pay roll for the month in which they commence without waiting for notification that such allotments have been received and accepted by the Finance Officer, U.S. Army? (Par 16)
3. When payments are made on pay rolls covering the National Guard, the AUS or SS Trainees in addition to Regular Army Enlisted Men, are names entered on pay rolls only under group headings of "Regular Army and "Other Components"? (Par 4)
4. Does the agent finance officer improperly witness the payment of the roll?
5. Are pay rolls prepared in quadruplicate? Are the retained copies filed? (Par 1, and 3)
6. Are men on detached service and furloughs carried on pay roll? (Par 4)
7. Have the names of the men who have ceased to belong to the org since last payment been shown as required? (Par 5d, C1)
8. In column headed "Gov Ins" on WD 366 and 366A form, has letter "D" been deleted? Are amounts entered in column preceded by either "D" or "N" depending upon the type of insurance for which deduction is made?
9. Are months spelled out or abbreviated? (Numbers cannot be used to indicate months of the year. (Par 4a (2) C 2)
10. Does signature of soldier agree exactly with name of soldier as written except in reverse order? (Par 4 a(d))
11. Have two typewriter spaces been left between preceding remarks and next entry? (Par 4, C 2)
12. Are remarks covering two distinct periods stated separately, viz, those pertaining to ante-desertion and post-desertion accounts? (Par 5b)
13. If soldier is being retained in service after normal date of expiration or term of enlistment, does the roll show the cause of such retention? (Par 5c, C 1)
14. Are accounts of deserters and men discharged for fraudulent enlistment stated on separate supplemental rolls? (Par 6a and changes)
15. Have the names of deserters returning to military control been entered on the body of the roll? (Par 6b and changes)
16. Has the roll been checked for typographical errors and all corrections initialed?
17. Are partial payments with amount and date paid, and roll on which collected shown? (Par 10e)

SECTION XIII

ALLOTMENTS AND DEDUCTIONS

References are to AR 35-5520 unless otherwise specified.

1. Are authorizations for allotments (Form 29) prepared in duplicate? Is duplicate retained by personnel officer in the case of an EM? (Par 6a)
2. Has the commanding officer of each unit initiated steps to ascertain names of the enlisted men of their commands who have dependent families or relatives and encourage such men to make allotments for the support of their dependents? (Par 27)
3. Are allotments when made so restricted as to leave the EM concerned at least \$10.00 per month or such greater amount as his commanding officer has determined is sufficient to care for his personal needs? (Par 7b C 4)
4. Are agencies soliciting insurance refused permission to prepare authorization for allotments? (Par 6a (2))
5. Is all data relating to the allotment immediately entered upon all pertinent records as a charge against the pay of the allotter? (Par 6a (3))
6. Is each allotment entered on the pay roll for the month in which it commences without waiting for any report from the Chief of Finance, Allotment Division, Washington, D. C.? (AR 345-155, par 16a (1))
7. When an EM assumes a status which deprives him of his pay, is action taken to discontinue his allotment? (AR 345-125, par 22d, C 4)
8. Are authorizations for allotments made by Reserve Officer called to active duty accompanied by a copy of the special orders directing such active duty? (Par 6c)
9. Is all correspondence pertaining to Class E allotments addressed to "Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N.J." (Change 7, par 1¹₂a)
10. Has notation been made in Service Record under "Remarks-Fin" concerning (Class F Dependency Benefits) allowance? (Circular 28, '43)

S E C T I O N X I V

MESS OPERATION - GENERAL

1. Are unit commanders familiar with the conservation of food provisions of WD Circular No. 158, 1944?
2. Is food kept covered and protected in every way possible from flies and vermin? (FM 21-10, par 39, a, Sec VI)
3. Is meat hanging in ice-boxes allowed to touch the ice or the sides of the ice-box? (FM 8-40, par 111; AR 40-205, par 12b (2))
4. Is refrigeration regularly checked to determine the existence of excess moisture? (TM 10-205, par 32b)
5. Does the mess officer inspect all garbage containers to ascertain that edible subsistence stores and excessive amounts of cooked foods are not disposed of as garbage? (TM 10-205)
6. Are garbage cans kept tightly covered? Are the cans placed upon stands of approved type? (AR 40-205, par 16; TM 10-205, par 70a, Sec IX)
7. Is the use of galvanized containers restricted to transportation and temporary storage of water and dry foods? (WD Cir No. 4, Sec I, 1942)
8. Have all food handlers been examined been found free from communicable disease and a certificate to that effect from medical officer posted in mess hall? (Par 13a, AR 40-205)

9. Are hand brushes and nail files constantly kept available at sinks for frequent use by food handlers. Are food handlers required to use these items at frequent intervals? (TM 10-205, par 67d, sec IX)
10. Are the hands of all men going to duty handling food inspected to see if they are clean and that the nails are trimmed and free from dirt? (Par 14, AR 40-205)
11. Are permanent food handlers re-examined monthly? (Par 13d, AR 40-205)
12. Are the mess personnel familiar with the ordinary rules of mess sanitation? (TM 10-205, par 67a)
13. Are dishes thoroughly washed and then rinsed in hot water, immersed in boiling water for at least one minute, removed and then allowed to air-dry?
14. Are fly-swatters available in kitchens and mess halls? (FM 21-10, par 35d, Sec V)
15. Are fly traps placed at each garbage stand and in the vicinity of each mess hall and kitchen? (FM 21-10, par 35d, (5) (f), Sec V; FM 8-40, par 131, 132, and 133, section III).
16. Are mess tables scrubbed with water after each meal? (Par 42, FM 21-10)
17. Are garbage cans scoured with hot soapy water and lye at least once each day? (Par 44, FM 21-10)
18. Are rags or dry cloths used in the process of cleaning dishes or utensils?
19. Are refrigerators clean both outside and inside? (AR 40-205, par 14; TM 10-205, par 32b (2) (d)).
20. Is meat block clean and in good repair?
21. Are mop racks in use? Are mops and brooms clean?
22. Are all utensils and labor saving devices clean?
23. Does the mess sergeant check property and kitchen utensils frequently?
24. Is the middle leaf of the table removable, so that the space between the middle boards may be cleaned? (Par 42, FM 21-10)
25. Are cantonment type mess tables "dressed up" with linoleum tops? (WD Cir 1942, Sec IV)
26. Are condiment bottles, sugar bowls, etc., permitted to remain unwashed and accessible to flies? (Par 14, AR 40-205)
27. Are ranges thoroughly cleansed once a week by the removal of the accumulation of dust, ashes, soot etc? (TM 10-405, par 74)
28. Are vegetable bins adequate? Do facilities for storage guard against undue wastage and rotting?
29. Are breakages due to carelessness or neglect reported to the Mess Officer, that he may establish responsibility therefor and prepare required statement of charges? (TM 10-205, par 18b (8))
30. Is the accumulation of any item while operating on field rations excessive? (Par 2, WD Cir 208, 1943)
31. While the organization is operating on the garrison ration, are requisitions based upon organization strength and a prepared menu covering a period of at least 10 days? (TM 10-205, par 8b)
32. Are inventories regularly taken (when operating on garrison ration) on the tenth, the twentieth and the last day of each month as prescribed in TM 10-205, par 15, July 6, 1942)?

33. Does the mess officer exercise direct control over the mess of his organization? Is he familiar with and does he fully discharge the duties imposed upon him; par 18, Sec III, TM 10-205, July 6, 1942?

SECTION XV

MESS - FIELD

34. Is the kitchen personnel well versed in the care, use and operation of the range, gas, field model, 1937?
35. Are field ranges when not in actual use properly protected from rust and other deterioration?
36. Have all regularly assigned kitchen personnel recently participated in the preparation of a meal on the new type field range out of doors?
37. Are the fuel jet, passages in the generator tubes and in the filter case, and the flame valve stem cleaned frequently?
38. Is the grate for use when wood is used as a fuel instead of gasoline always carried in the bottom of the cabinet?
39. Are the packings kept tight enough to prevent leakage?
40. Is complete advantage taken of the three different positions of the fire unit of the cabinet in order to afford variety in the preparation of meals?
41. Is ordinary, partially-leaded, gasoline, such as is furnished under Federal Specifications used as fuel?
42. Are three cans of boiling water provided, the first two containing hot soapy water, and the third clean hot water for washing, scalding and rinsing mess kits in the field? (FM 21-10, par 41b)
43. Are kitchen pits filled in and marked upon evacuation of a shelter area? (Par 100c, FM 21-10) Are they indicated by a marker showing the organization, nature of the installation and date it was closed? (Par 103, FM 21-10)
44. Are garbage pits at least 100 feet from any source of water used for drinking and cooking? (Par 71a, FM 8-40)

SECTION XVI

SUPPLY ROOM AND RECORDS

1. In whose custody are the keys to the storerooms and arms chest? Are locks changed frequently? (Par 13c, AR 35-6520)
2. How is paint stored? Due to its potential fire hazard, it should be stored in separate building or together with oils. (Par 20d, AR 700-10; 31, TM 10-250)
3. Are necessary precautions exercised to prevent expendable supplies from being reverted to unauthorized uses or persons? (Par 20b, TM 10-310)
4. Are supplies and equipment neatly and orderly arranged in the supply rooms?
5. Are supplies received promptly and in good condition?
6. Are shortages, if evident, adjusted by report of survey or other authorized action? (Par 19d TM 10-310; sec IV, WD Cir 405, 1942)
7. Are reports of survey promptly submitted, especially in the case of small arms or field glasses? (Par 8, AR 35-6640; par 52, WD Cir 170, 1943)

8. Is all moveable property branded or otherwise marked before being placed in service? (Par 19, AR 850-5)
9. Does the organization have the latest published T/BA's and T/O's?
10. Are QMC Forms 400, "Requisition" signed by the company or detachment commander before submission? (Par 14, AR 35-6540)
11. Have all blank spaces on QMC Form No. 400 under "Issued" and "Returned to the Quartermaster" been lined out in ink? (Par 14, AR 35-6540)
12. Have all WD AGO Form 33 been completed to show name, serial number, grade, organization of the individual soldier?
13. Are "Issued" and "Turned In" column initialed by the soldier and witnessed by the responsible officer or his commissioned agent?
14. Are all blank spaces lined out after the transaction has been completed?
15. Are dates of issue and turned in indicated in spaces provided?
16. Have all blank column or spaces between issues been lined out with red ink?
17. Does the responsible officer or his commissioned representative witness the issue of clothing to enlisted men? (Par 15, AR 35-6560)
18. What steps have been taken properly to measure feet of enlisted men in order to establish shoe and sock sizes? (Par 2 and 3, AR 850-125)
19. Are sizes recorded on WD AGO Form 32? (Par 3, AR 650-125)
20. Does the organization have ordnance equipment charts on hand showing the component parts of tool sets etc?
21. Are articles of clothing and equipment authorized for "free issue" to officers issued on shipping ticket? Are other articles issued according to WD Cir 170, 1943?

S E C T I O N X V I I

PROPERTY ACCOUNTABILITY

All references are to WD Cir 170, 1943, unless otherwise stated.

1. Has unit all articles in serviceable condition listed in T/BA, or a validated requisition for such articles as are missing? (Par 5)
2. Has unit been furnished a company property book? (Par 6), and does it reflect: (Par 5)
 - a. Articles of equipment which should be in possession of unit?
 - b. Articles of equipment on hand?
 - c. Articles required to be accounted for by serial numbers? (Par 22g (3) C 4, AR 45-80)
 - d. Articles designated as "Supervised property" AR 20-35 and AR 35-6640)
 - e. Articles of equipment "short" with validated requisitions for replacement of missing articles?
 - g. Articles of equipment "over" with authority therefor?
3. Does unit commander take hand receipts for articles of equipment issued by him?

4. Is property other than that prescribed by T/BA and for which "Custodial Officer" is responsible kept separate from T/BA property? What does this property consist of and what receipt, if any, is given "Custodial Officer" for it?
5. Have men been impressed with the fact that they will be held accountable for the damage, loss or destruction of equipment through willful neglect (par 2 AR 35-6640), and that pecuniary responsibility will be enforced by statement of charges or report of survey? (AR 35-6640, par 6)
6. How often does regimental commander, or his representative, make frequent check of property book to ascertain that the prescribed equipment is complete and that there is no waste, misuse or accumulation of property? (Par 4)
7. Has consumption of supplies and equipment exceeded the average by similar units under like conditions? (Par 5f) If so, investigate)
8. Are all articles prescribed in T/BA in serviceable condition and do regimental and/or battalion supply officer assist in securing and maintaining same? (Par 4)
9. Upon transfer of property to new unit commanders, is joint inventory of property made and other provisions of par 28 complied with?
10. When men have been authorized to take with them upon transfer to another unit property listed in company property book, is such property listed on form 65, both copies signed by unit commander and soldier, and form disposed of in accordance with par 9?
11. Are the provisions of paragraph 27, WD Cir 39, 1944, complied with when post property is transferred with soldier?
12. Has the unit copies of all requisitions signed by supply officer and submitted for T/BA equipment, except individual clothing and equipment of enlisted men; and his replenishment of organization equipment obtained in manner prescribed in AR 35-6540?
13. Are items of individual clothing and equipment which are unserviceable replaced promptly? (AR 615-40, par 12)

SECTION XVIII

CLOTHING AND EQUIPMENT

1. Is the uniform worn as prescribed in regulations? (AR 600-40, 31 Mar 44)
2. Is all clothing issued to enlisted men marked with the first letter of his last name and last four figures of his serial number as required by paragraph 1, AR 850-5?
3. Is individual equipment authorized to be marked with the last four figures of the man's serial number, without addition of company letters or numbers? (Par 5 b, AR 850-5) Individual metal equipment is not marked (AR 850-5, C 4)
4. Have all barrack bags been stenciled as required by C 6, AR 850-5?
5. Are identification tags complete, fastened properly and worn at all times? (Par 44, AR 600-40; also par 85, AR 600-35)
6. Are articles of uniform properly fitted, cared for by the individual and not disposed of unlawfully by this individual? (Par 24 a, TM 10-310; WD Cir No. 180, 1942)

7. Has web and other equipment been intentionally bleached? (WD Cir 258, 1942)
8. Has it been found advisable to interchange location of canteen and first aid packet to protect gas mask carrier? (WD Cir 360, 1942)
9. Is fatigue clothing used for drill?
10. Is Class "X" clothing available and used as provided in WD Circular 287, 1942?
11. Are weekly shoe inspections held? (WD Cir 91, 1942, sec V)
12. Are shoes properly broken in prior to a march? (Par 11, AR 850-125)
13. Is dubbin being used on shoes in accordance with WD Circular 182, 1944?
14. Are shoes in need of repair, properly prepared for identification? (WD Cir 91, 1942)

S E C T I O N X I X

STATEMENT OF CHARGES WD AGO FORM 36

References are to AR 345-300, April 30, 1937, unless otherwise specified.

1. When an article of public property is lost or damaged by the fault or neglect of an officer or enlisted man, is he required to pay the value of such property, as shown by current price lists or the cost of repairs as may be determined by a report of survey?
2. Is all property which is to be charged against the pay of an enlisted man first entered upon a statement of charges?
3. When a statement of charges has been prepared are the charges entered under "Remarks-Financial" on the soldier's service record and on the pay roll? (Par 3 a)
4. Is the enlisted man informed at the time of signing the payrolls that his signature will be regarded as an acknowledgement of the justice of any Statement of Charges appearing thereon? (AR 35-6640, par 2b (3))
5. Is the enlisted man advised of his right to demand a report of survey, if none has been made? (AR 35-6640, par 2 b (3))
6. When a Statement of Charges is authorized by a report of survey, is such report made a sub-voucher to the Statement of Charges? (Par 3a)
7. Are separate Statement of Charges prepared for property of each supply branch, and for which different officers are accountable? (Par 3 b)
8. Is one copy of Statement of Charges forwarded to the accountable officer and one copy retained by the company commander for file with his property records? (Par 3 d (2))
9. Is care exercised to make no charge in excess of the value of the articles involved or the cost of its repair? (AR 35-6640, par 2 b (2))
10. When Statement of Charges carries articles of property for which there is no accountable officer, are such articles indicated by an asterisk? (Par 3d (3))
11. If Statement of Charges applies to damaged articles, are such articles turned into the proper supply officer at time the Statement of Charges is presented him? (Par 5)

SECTION X X

MOTORS

References are to AR 850-15, 28 August 1943, unless otherwise specified.

1. What precautions are taken to ascertain that motor vehicles are used for official business or authorized purposes only? (Par 6; WD Circ 241, 1942)
2. Does each driver know what action to take in case of a traffic accident? (Par 18 a; par 70, FM 25-10, 12 March 1942)
3. Is identification card required by par 17, AR 850-15, inclosed with Form No. 26 in each vehicle?
4. Are drivers familiar with all safety precautions required by par 19, AR 850-15? Have badges and bars been requisitioned for qualified drivers and mechanics as provided for?
5. Are drivers able to read a military map?
6. Have all drivers had first aid training?
7. Are health and fire precautions observed? (Ventilation of garages; smoking prohibited; waste cans; regular check of all types of fire extinguishers).
8. Are bicycles if issued to unit clean and properly maintained.

OPERATION

9. Are vehicles pooled? If so is these a full time dispatcher? A pool guard? (Par 6 c)
10. What steps are taken to ascertain that vehicles are not dispatched needlessly? (Par 6)
11. Where is the Daily Dispatching Record, WDOO Form No. 7361 kept? Are all entries completed each day?
12. Do all "trip tickets" WD Form 48 specify an actual place of destination instead of "as directed"?
13. Are all "trip tickets" issued during the day accounted for at the close of each day?
14. Is TM 21-300, Nov 10, 1942, used as a guide for schedules of instruction in the training of drivers?
15. Are vehicles assigned to regular drivers? (Par 16)
16. Does motor officer make a daily "spot check" of tire pressures?
17. Are keys locked in all automobiles?
18. Does each driver have TM 10-460? Has he receipted for it and where is the receipt filed?
19. What check is made to prevent overloading or improper loading of a vehicle? (Par 15 a)
20. What check is made to insure observance of maximum speed regulations?
21. Are drivers advised that they must not smoke while driving? (Par 12 i, FM 25-10)

MAINTENANCE

22. Are drivers held responsible for preventive maintenance? How is this checked.

23. Has the regular weekly, and monthly (or 1,000 miles) maintenance inspection been made? (Par 27, c). Have necessary forms been prepared and maintained for such inspection?
24. Are all vehicles inspected and thoroughly policed by drivers after operation and before driver leaves the motor park, as prescribed in in par 34, FM 25-10.
25. Are all vehicles given the technical inspection required by par 27d, once each six months or after 6,000 miles of operation? Is Technical Inspection Report, WD AGO Form 461 used for this inspection?
26. When abuse is found due to carelessness or indifference of responsible personnel, is necessary disciplinary action taken? (Par 15 a)
27. Have excessive repairs been made on any vehicle? (Par 229, FM 25-10)
28. Are government owned tools, equipment or supplies used to repair privately owned motor vehicles? (Par 8a)
29. Has disciplinary action been taken when broken or tampered with governor seals are discovered? (Par 23d)

SUPPLY

30. Are vehicles marked in accordance with AR 850-5?
31. Does each vehicle have a tire gauge?
32. Is proper air pressure posted on instrument panel? (WD Cir 384, 1942, par 13, f)
33. Is there an adequate storeroom? Is it sufficiently protected from theft? Are supplies marked and numbered? Are records kept to show supplies on hand? Are all excess supplies reported to higher headquarters?
34. Is there a follow-up system to expedite requisitions?
35. Is there an established system for the issuance of cleaning and preserving materials to individual users?
36. Is there an established system for the issuance of lubricants? How often are lubricants checked by the motor officers? Are partially used cans of lubricants kept covered at all times?
37. Is gasoline issued on regulation issue slips? (QMC Form 437)

RECORDS

38. Have only men who have successfully passed an examination covering the mechanical phase, the actual operation, and first echelon maintenance been issued U. S. Army Motor Vehicle Operator's Permits? (Par 17a, and TM 21-300, Nov 10, 1942)
39. Are such examinations conducted by a qualified commissioned officer? (FM 25-10, par 48) Are unsatisfactory ratings entered in service record? (FM 25-10, appendix IX).
40. Has name of organization been eliminated from Motor Vehicle Operator's Permit?
41. Have WD IGD Forms 5-C, 5-G, 5-T, and 5-A (Automotive Disability Report) been forwarded by airmail to The Inspector General, Washington, D. C., and carbon copies sent to the Commanding General, Army on the 16th of each month if the report is negative? (WD Circ 13, 1943)
42. Are Duty Rosters as recommended to replace Motor Vehicle Service Records kept? (Sec V, par 36 and 37, AR 850-15)

SECTION XXI

COURTS-MARTIAL CHARGE SHEETS

(WD AGO Form 115)

Page 1

1. Does completed form correctly record the date of and place where the charges were prepared?
2. Is the correct name, as well as aliases shown as prescribed on the Charge Sheet? Is the surname, first name and middle initial recorded, and in that order and followed by Army Serial Number, grade, company, regiment and branch?
3. Is the age of accused shown to be his present age by entering the word "Present" above the word "Age" on the Charge Sheet?
4. Has "less 10 cents per month, Act, Feb 13, 1936, \$49.90" (or such amount as is correct after deduction of 10 cents from base pay) been entered on pay line of blank form in all cases affecting Regular Army personnel? (WD Cir 343, Sec II, Oct 13, 1942)
5. Has amount of allotment to dependents or deduction for insurance been entered? In the event that there are no allotments or deductions, has the word "None" been entered in each case?
6. Had data as to service been correctly entered?
Example No. 1: No prior service. Current enlistment: Enlisted September 15, 1940, for three (3) years.
Example No. 2: Prior Service: Headquarters Battery, 15th Field Artillery. September 16, 1936 to September 15, 1939. Discharged as Sergeant, Character excellent, per E.T.S. Current enlistment: Enlisted September 16, 1939, for three years.
7. Are correct rank, name and organization, (address in case of civilians) of each witness shown? Are they entered under the two applicable headings: For the Prosecution, For the Defense.
8. Has heading "Documentary Evidence" been entered following listing of witnesses for the prosecution and for the defense? Has all available documentary evidence been correctly entered under such heading?
9. Is data as to restraint correctly entered? Does it check with morning report and guard report?

Page 2

10. If there is more than one charge, is number of each charge entered in Roman numerals?
11. If there is more than one specification under each charge, are specifications under each charge correctly numbered in Arabic numerals?
12. Is correct Article of War shown after each charge?
13. Are specifications supported by the Articles of War cited?
14. Do specifications conform to models shown in appendix IV, MCM, 1928?
15. Is name of accused with aliases correctly shown in each specification, e.g. "Private First Class Carl R. Thompson, 11th School Squadron (Serial Number omitted alias George V. Sievert, Battery A., 61st Field Artillery)?"

16. If accused has been reduced, are former and present grades correctly shown, e.g., "Private, then Sergeant, Donald M. Smith"?
17. Do dates and places mentioned in specifications correspond to those shown in the evidence supporting the charges?
18. Do name and organization in specifications correspond exactly to that shown on page 1 of Charge Sheet?

Page 3

19. Is the accuser a person subject to military law? (Par 25, MCM, 1928, and AW 2)
20. Is the affidavit correctly dated? Is the correct title of the person administering the oath indicated and the signature of such person affixed? Is such person authorized to administer oaths? (AW 114, WD Cir 32, 1943)
21. Have inapplicable words in affidavit been lined out?
22. Have correct symbols in Roman and Arabic numerals of Charges and Specifications been entered on proper line of affidavit? Note: In the event there is only one charge and specification, strike out the "S" at the end of the Specifications and add "and charge".
23. When charges are referred for trial by special or summary court-martial, is the first indorsement completed as to date, order number, etc?

S E C T I O N X X I I

USE OF AND HANDLING OF FUNDS

References are to AR 210-50, 1 June 1944. WD Cir 219, 1944 and TM 14-708 (tentative) 1 July 1944.

1. Is the designation of the fund in the bank book, bank statement, council book, check book correct?
2. Are funds being spent in accordance with the object of the fund?
3. Does the custodian personally receive, safeguard and disburse monies of the fund?
4. Are funds deposited promptly? Where cash is kept on hand, is the amount approved as prescribed?
5. Are payments ordinarily made by check?
6. Are obligations incurred which extend beyond the current month? If so, was approval in writing obtained prior to the incurring of the obligation?
7. Are bills paid promptly so as to take advantage of discounts?
8. Has unauthorized loan of funds been made?
9. Have unauthorized donations been made to relief organizations?
10. Are there disbursements of ration savings being made for items other than those authorized by par 12d?
11. Is the fund, especially ration savings, unduly large?
12. Is a copy of the financial statement of the fund displayed quarterly on the company bulletin board?
13. Have all exceptions taken by an Inspector General or local inspecting officer been corrected?
14. Is the organization making money at the expense of the men?

15. Are penalty envelopes improperly furnished to merchants or other dealers to cover return of receipted statements in connection with unit funds? (Par 4c, AR 340-10)
16. Is the fund kept up to date, and is it ready for inspection at any time as required by the provisions of par 21b?
17. Do you know how to transfer funds if your unit is ordered overseas? (WD Circ 377, 1942, Sec V)

SECTION XXIII

VOUCHERS

18. Are vouchers for each month bound separately and in consecutive order?
19. Are vouchers of uniform size?
20. Does the date of the voucher agree with the date of entry in the council book?
21. Is each voucher itemized? (Attached individual invoices acceptable in lieu of itemized statement?)
22. Has the voucher been properly receipted?
23. If the voucher has not been properly receipted, has the council endorsed the sufficiency of the voucher thereon?
24. Have all erasures and changes on vouchers been authenticated by the custodian's initials and the recorder of the council?
25. Whenever cleaning and preserving materials are purchased for the care and preservation of company owned property, has the custodian certified to that effect on the face of the voucher?
26. Are purchases of items of issue supported by certificates of non-availability?

SECTION XXIV

COUNCIL BOOK

27. Does date of entry of transaction in Council Book agree with date on brief of voucher?
28. Are balances from previous month in fund book correctly brought forward?
29. Are Government Bonds listed in the same manner as funds? Are they listed in red ink at cost?
30. Does the fund book balance at the end of the month agree with the check balance and the bank balance less outstanding checks?
31. Has monthly bank statement been reconciled, showing on the face the number and amount of all outstanding checks and proof of balance?
32. Was the account closed on the last day of the month?
33. Was the Council Meeting held promptly after the account was closed?
34. Was the account at close of each month and upon each change of custodian, audited by proper officer as required?
35. Are all entries in the Council Book in ink?
36. Has all substantial property purchased been recorded in chronological order in the front of the Council Book?
37. Is the disposition of company property which has been red-lined and initialed in the council book supported by appropriate certificate?

Note: Property which has been lost, damaged, or destroyed through fair wear and tear during a month should be red-lined, dated and initialed in the property record.

38. Has list of property been transferred from old Council Book to New?

SECTION XXV

CHECK BOOK

39. Are checks properly signed?
40. Is fact of payment of check by bank entered on check stub? Is cancelled check attached to stub?
41. Was bank statement obtained on transfer of funds to successor?
42. Are any checks missing from the back of the check book? If so, are they accounted for on check stubs?
43. Are there any unduly long outstanding checks?
44. Do the number and amount of checks, not shown in check book as paid, agree with outstanding checks listed on bank statement?
45. Is fund deposited under proper title?
46. Has custodian of a fund personally received, safeguarded, disbursed and accounted for the fund?

SECTION XXVI

W.E.M.A. FUNDS

1. Is the commanding officer familiar with the allotment of "Welfare of Enlisted Men" (WEMA) funds, based on authorized strengths to all newly activated units of 0.25 per man? (Sec II, WD Circ 270, 1944)
2. Is the unit commander cognizant of the various activities for which the WEMA fund may be spent such as the purchase of periodicals, subscriptions to newspapers, rental of films, equipment and conduct of school, reading, amusement rooms, service clubs, chapels, gymnasiums, libraries, etc? (Sec II, WD Circ 270, 1944)
3. Can information be obtained from the post, camp or station Special Service Officer concerning the statutory provisions of the WEMA funds? (Sec II, WD Circ 270, 1944)
4. How are athletic, welfare and recreational supplies, when issued from WEMA Funds, accounted for? (Par 1a (6) and (7), AR 38-6620, August 1, 1942.)
5. What disposition is made of property secured through WEMA Funds when organizations are alerted for overseas service? (WD Circ 41, 1944 and Sec III, Par 25, AR 210-50, 1 June 1944)

SECTION XXVII

DISCHARGE - SEPARATION FROM SERVICE

References are to AR 345-470, and changes 2, 3, and 4 unless otherwise specified.

1. Is the certificate prepared only with (a) black or blue-black ink, if pen is used, or (b) with typewriter? (Par 2, C3)

2. Has the character of the discharged man been entered in the handwriting of the company commander? (Par 3b, C2)
3. Army Regulations limit types of discharge and character ratings as follows:
 - a. Honorable Discharge, WD AGO Form 55 - Character either excellent, very good, or good. (Par 1 c (1) (a))
 - b. Blue Discharge, WD AGO Form 56 - Character either fair or poor. (Par 1c (1) (c))
 - c. Dishonorable Discharge WD AGO Form 57 - No character rating required. (Par 3 d (3))
4. Is the right thumb print of the discharged man recorded on each certificate (Par 11¹/₂, C2)
5. Has all time lost been properly recorded? (Par 5d)
6. Does each certificate of discharge contain among its entries an indorsement by the disbursing officer showing the amount paid, and does it further specify any item for which payment is not made in full? (AR 35-2480, par 5a and 5)
7. In the event of a transfer by an enlisted man of a claim for pay due on his final statement, are the requirements of AR 35-2480, par 6a, in all things complied with?
8. In cases of discharge for physical disability, is care taken in entry of cause to avoid any attempt to make a diagnosis of the disability? (Par 4c)
9. What precautions are taken to safeguard blank forms of discharge certificates (Par 1f).
10. Is each soldier being separated from active service informed that he may, by stating the purpose for which it is to be used, apply to the Adjutant General for a statement of medical record, if he so desires? (WD Circ 256, Sec I, par 3, 1942)
11. Are you familiar with the regulations on discharge of enlisted men referred to in WD Circ 395, Dec 5, 1942 and WD Circ 161 and 176, 1943?

S E C T I O N X X V I I I

DISCHARGE - FINAL STATEMENTS

References are to AR 345-475, August 29, 1938, and changes 1 to 6 inclusive, unless otherwise specified.

1. Is the reason for discharge or retirement given, together with the order therefor, if a written order was issued? (Par 5 a (2), C 5)
2. Is the duplicate copy legible?
3. Are blank WD Forms 370 (Final Statements) kept in the personal custody of an officer? What precautions are taken to safeguard them? (Par 4)
4. Are all money accounts, except itemization of deposits on the outer fold, stated in both words and figures? (Par 4)
5. Are name, grade, organization, and Army Serial Number shown? (Par 5a (I))
6. Will the copies reach the Finance Officer at least twenty-four hours before payment is due?

7. Have all data entered in spaces provided been taken from the enlisted man's closed service record? (Par 5a)
8. Does entry of all pay detained by courts-martial show entry with citation of the pay roll or pay rolls on which detention was made? (Par 5a (7))
9. If enlisted man is retained in the service subsequent to normal date of expiration of term of enlistment, do the remarks show term held in service and reason therefor? (Par 5a (9) (b))
10. If the enlisted man claims to have lost his deposit book, is he required to give an affidavit to that effect? (Par 5a (6))
11. Has the organization commander noted on the final statement the date to which the last actual full payment has been made, as distinguished from the date of the pay roll which the enlisted man has signed? (Par 5 c)

SECTION XXX

MISCELLANEOUS

1. Have stimulating tetanus shots been given as required by Sec III, AR 40-210?
2. Are fire orders given general publication and are fire drills conducted periodically?
3. Are fire extinguishers in all buildings, and on all motor vehicles? Are they inspected frequently? Do they need to be recharged?
4. Has the commanding officer complied with Sec 17, WD Cir 225, 1942 with reference to publication of the provisions of the Service Men's Dependents' Allowance Act?
5. Is a "Continuous Educational Program" conducted for the sale of War Savings Bonds and Stamps? (WD Circ 215, 1942)
6. Where units have men afflicted with venereal disease is at least one toilet bowl marked as "Venereal Only"?
7. Is a copy of "Mobilization Training Program" and "Instructors Guides" for the applicable arm or service on file?
8. Has the "free mail" privilege been explained to all individuals? (WD Circ 238, 1942) Is proper method of addressing mail explained and an example posted on the bulletin board? (WD Circ 369, 1942)
9. Has unit mail clerk been appointed? (WD Circ 331, 1942)
10. Is there a lock on the mailbox? Is incoming and outgoing mail properly safeguarded?

SPECIAL SERVICE, INFORMATION AND EDUCATION OFFICERS'

PREPARATION FOR OVERSEAS SERVICE

1. STAGES IN MOVEMENT OF UNIT

- a. From camp, where alerted, to staging area.
- b. From staging area to point of embarkation. (Pier)
- c. From point of embarkation to Port of Debarkation. (Voyage)
- d. Port of Debarkation to field destination.

Note: When you reach a staging area you are in the Port of Embarkation. The Port Headquarters may be twenty or thirty miles from a staging area, and the "point of embarkation" or pier, may be several miles distant from the Port Headquarters.

2. THINGS TO DO BEFORE LEAVING CAMP

- a. Get TM 21-205; WD Pamphlet No. 20-3, "Guide to the Use of Information Materials"; WD Cir 360, "Orientation, Information, Education"; Text G.I. Bill of Rights; WD Circ No. 29, Sec VII, 22 January 1944.
- b. Endeavor to have well-qualified officer or enlisted man included in advance party to check special service facilities and supplies in staging area and on transport.
- c. Take in organization baggage all special service equipment of not too bulky a nature, if allowed by C.G. Phonographs and radios are especially scarce overseas.
- d. Secure spare parts for motion picture projectors, radios, and musical instruments.
- e. (WD Circ 218, 18 Sept 43 or revision) Arrange distribution of small games, small musical instruments, articles of athletic equipment, films, etc., to be carried in barracks bags or on person of men in unit. (If cameras and radios are carried they should be registered with security officer but will be reissued to owners after arrival in theater.)
- f. Before turning in funds, purchase desired equipment for use overseas. It is difficult to obtain equipment overseas.
- g. Take along Armed Forces Institute material, such as catalogues, application blanks, and self-teaching courses.
- h. As far as possible, have your men take advantage of personal services available--making out wills, allotments, insurance, Army Emergency Relief, etc. The more complete the servicing of your men, the more time they will have for other purposes when in the staging area.

3. THINGS TO DO EN ROUTE FROM CAMP TO STAGING AREA

- a. Make provision, when possible, for distribution of books, magazines, games, candy, cigarettes, etc., for use on train.
- b. Ascertain, when possible, if there will be "lay-overs" where men may have opportunity for "stretching" in open air. If delays are encountered, or length of stops will permit, arrange for calisthenics or games to break monotony of trip.

4. THINGS TO DO AT THE STAGING AREA

(Items a to e, inclusive, should be handled by staging area Special Service Officer under Circular 77).

- a. Visit the Post Special Service Officer. Obtain from him location of athletic fields, gymnasias, theatres, and ascertain at what periods these facilities will be made available to your troops. Obtain location of service clubs, and such welfare services as Red Cross, U.S.O., A.E.R. Find out what special features of entertainment, athletic events, etc., are scheduled for one post during period of your stay.
- b. Watch bulletins, loudspeakers, or use of other media, let your men know as much as possible about location, times, and nature of facilities and services available.
- c. Arrange, with help of Post Special Service Officer, competitive games, group entertainment, jam sessions, amateur contests, etc., in all available facilities.
- d. Arrange for orientation lectures; showing of G.I. movies, etc.
- e. If you have the "makings" of a band, obtain loan of musical instruments from Post S.S. Officer. Also obtain from him, when available, magazines, books, etc., for day rooms and for barracks reading.
- f. If you have Special Service equipment that can be used aboard ship for general entertainment - contact Port SSO through staging area SSO to arrange, if possible, for this to be placed aboard ship where it can be reached on voyage.
- g. Visit Post Exchange Officer or his representative and solicit his aid in procuring items of equipment or supply that will be needed. Make up buying list for your men of such things as lighters, flints, wicks, watches, fountain pens, pencils, lotions, knives. Urge men to buy all necessary items as many are still scarce overseas.
- h. Get a typical shipboard program and layout.
- i. If you feel it necessary, obtain permission to visit Port Special Service Officer at Port Hqs., to secure:

(1) General information and indoctrination material concerning routine embarkation, voyage, and debarkation.

(2) Information concerning supplies and equipment. (Certain supplies are delivered automatically to transport. In some theatres, equipment is now furnished overseas, and not at Port of Embarkation).

j. Check with Port Special Service Officer on duty at pier if you want your troops, upon arrival, to be greeted with any special band music.

k. Secure memoranda from O.S.D. and Port QM distributed by Port SSO detailing respectively modes of requisitioning overseas, and sales commissary supplies and procedures on ships.

5. THINGS TO DO AT POINT OF EMBARKATION (PIER)

a. Get on ship in advance of your unit, if possible, with permission of Transport Commander, for purpose of inspecting troop compartments, available space for entertainment, exercise, etc.

b. If you are leaving from one of the piers serviced by American Red Cross volunteer services, make sure that all your men receive refreshments, (usually coffee, doughnuts, etc.) while waiting to be "Checked" on ship by Troop Movement Officials.

c. There are sometimes delays on piers. If this occurs with your troops use your judgment about getting them singing to relieve strain and monotony of delay.

6. THINGS TO DO DURING VOYAGE

a. Consult with transport S.S.D. (Transport Commanders are responsible for morale of troops, but generally delegate welfare and recreational activities to Chaplains or cargo security officers. There is no Special Service Officer in permanent transport complement).

b. Check with commissary officer to see what items of purchase are available; when and how they may be purchased, etc.

c. Obtain F kits, musical instruments, books, magazines, V-mail letters, cigarettes, etc., for use of your men during voyage. Chaplain can usually supply, or advise you how these supplies may be obtained. Some chaplains have theatrical kits (costumes, make-up, etc) available, if you have the "makings" of little shipboard shows.

d. A.R.C. ditty bags and guide books will be issued automatically.

e. Try to get your men interested in small games, language classes, quiz contests, etc. Remember space is limited, and you must use ingenuity in keeping your men entertained. Consult shipboard program.

7. THINGS TO DO AT THE PORT OF DEBARKATION

a. Visit the Port Special Service Officer, if your theater has one, as soon as possible. See the Port Officer in charge of unloading so you will be on hand when your A and B Kits and all equipment are unloaded, if they went by the same boat. Kits are often lost at this point because of not following them up closely. Get supplies here.

b. Contact Special Service Officers of higher echelons to learn:

- (1) The methods for submitting requisitions as soon as possible.
- (2) Where to get supplies.
- (3) Available facilities for sports, entertainment, recreation.
- (4) Schedule of local shows, dances, other events.
- (5) Arrangements for orienting troops in things of local interest.
- (6) Language classes.

c. Issue bulletins to Special Service Officers and men giving:

- (1) Location and equipment of sports areas.
- (2) Schedules of entertainments.
- (3) Description of local points of interest.
- (4) Language classes.

d. Arrange to receive and disseminate daily news.

e. If possible meet theater and S.O.S., S.S.O. and I and E Officer here or enroute.

8. THINGS TO DO IN FIELD LOCATION

a. Set up circuit for 16 mm movies.

b. Survey area for usable sports areas, local facilities for entertainment, and plan with commanding officer for continued program.

c. Suggested programs might include:

(1) Organized discussion groups. WD Education Manual - EM-1 "Guide for Discussion Leaders"

(2) Lectures and courses.

(3) Sports and games schedule. TM 21-221, "Informal Games for Soldiers"; WD Pamphlet No. 21-9, "Physical Conditioning."

(4) Motion Picture Shows. WD Memo No. W-210-23-43, 13 Aug 1943.

(5) Soldier shows, professional entertainment. "Soldier Shows Guide", Vol X, Special Service Division, ASF.

(6) Orientation and information and education classes. WD
Circ 360, par VI-13, 25 Sept 44.

- (7) Language Classes. SPX 350.03, 1 October 1943)
- (8) Unit newspaper.
- (9) Daily news release.
- (10) Hobby groups.
- (11) Improvisation of materials and facilities.

d. Anticipate needs for materials by at least three months, and place requisitions accordingly. Send all requisitions through Theater or S.O.S. Special Service Officer to your port of embarkation in United States.

e. Arrange sight seeing trips and geography instruction. See if local lecturers are available to talk to the men about their surroundings.

f. If you are in a theater where Special Service Companies are operating, learn location of nearest one and communicate with Theater Special Officer concerning availability to your unit.

g. Get information on furlough trips and rest areas.

h. Learn location and beam of radio station.

TRAINING OF ENLISTED PERSONNEL

OF THE MEDICAL SERVICE

1. GENERAL

It will be the duty of the Chief of the Medical Service to insure that all members of the service are thoroughly trained in his or her respective assignments. All enlisted personnel will be observed and graded according to their training and qualifications and recommendations will be made to Headquarters for promotions or demotions as the case may be. Close liaison will be maintained with the training officer to obtain instruction and continuous study for the enlisted personnel.

2. SUBJECTS

The specific subjects to be covered by personnel of the Medical Service and mastered before qualifying for ratings are listed to permit a ready check of the training of the department.

a. Ward Training

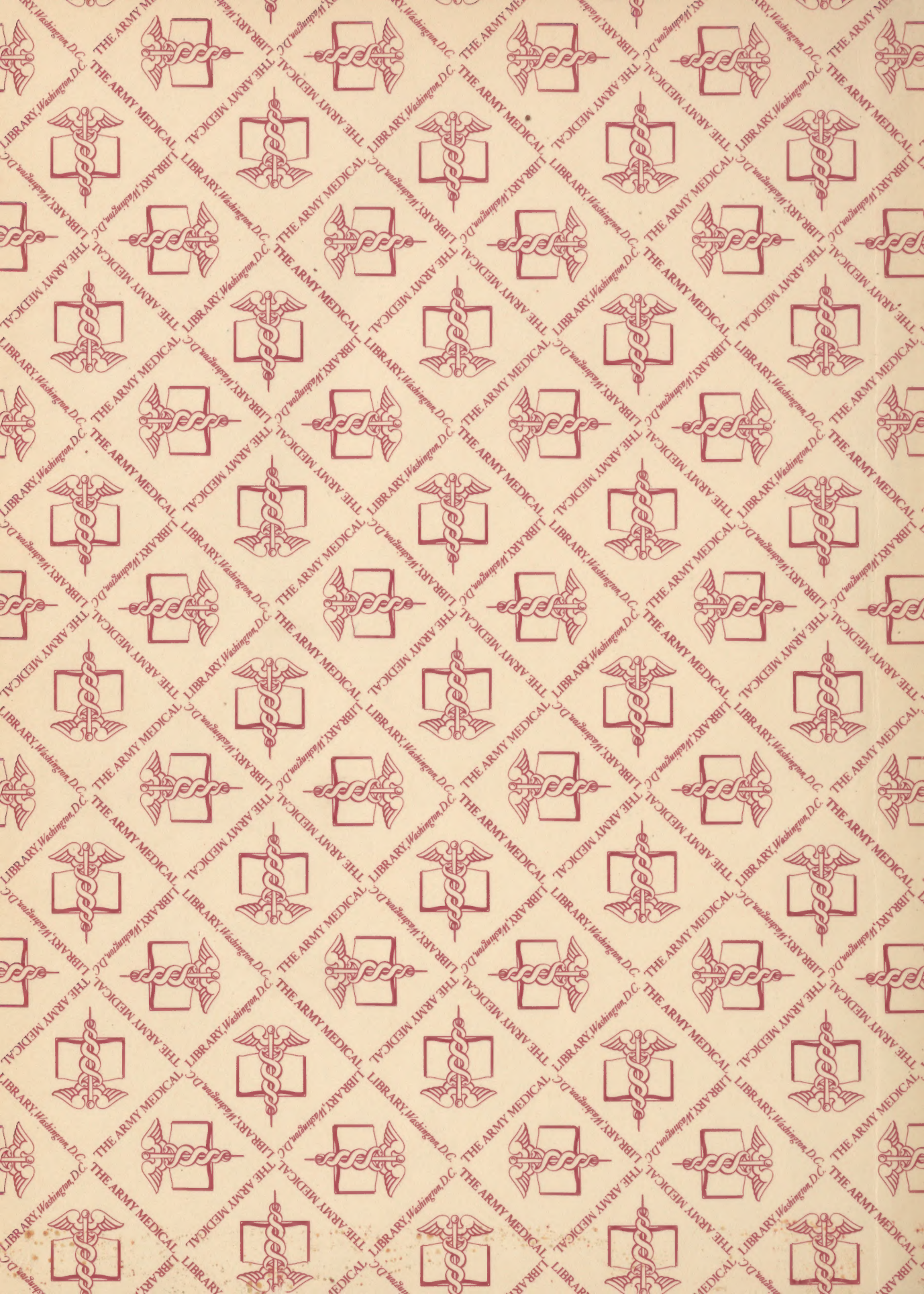
- (1) Admission of Patients
- (2) Temperature, pulse, and respiration.
- (3) Care of beds.
- (4) Care of urinals and bedpans.
- (5) Bed baths; alcohol rubs.
- (6) Care of patients' hair, mouth, nails.
- (7) Administration of medication; routine - special.
- (8) Ice and hot water bags.
- (9) Enemas
- (10) Property Responsibility.
- (11) Care of linen.
- (12) Disposition of patients' property.
- (13) Ward discipline
- (14) Care of ward supplies, medicines, alcohol, narcotics, whiskey, and poisons.
- (15) Isolation.
- (16) Disinfection and sanitation.
- (17) Care of mail and telegrams.
- (18) Diets; types and make-up.
- (19) Care of dishes.
- (20) Tray Set-up.
- (21) Ward management.
- (22) Fire control; air raid

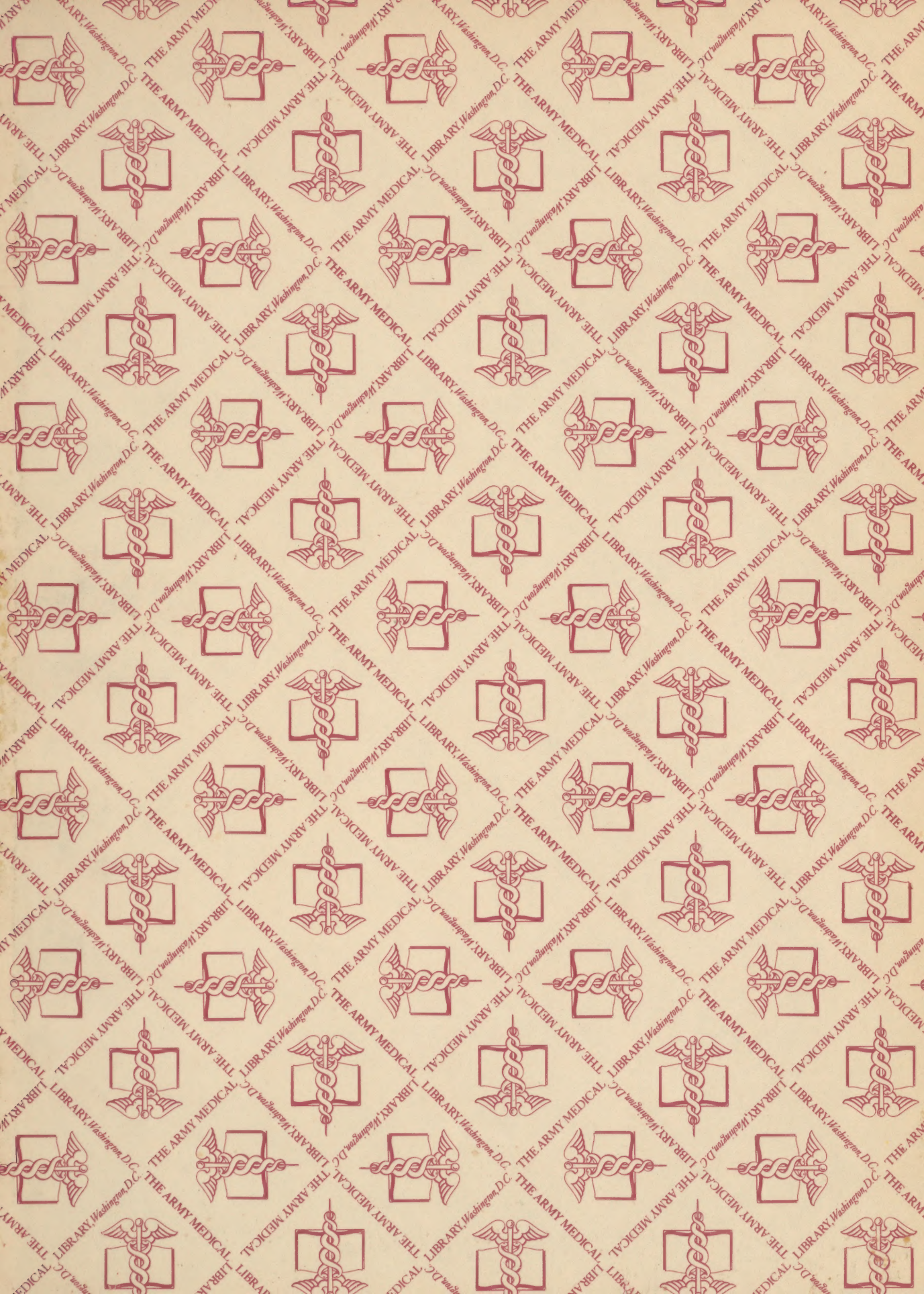
b. Medical Training

- (1) Anatomy and physiology; basic and advanced.
- (2) Medical aid.

- (3) Nursing and Care of Patients.
- (4) Minor Surgery and First Aid.
- (5) Operating Room Technique.
- (6) Hygiene and Sanitation.
- (7) Management and Treatment of Gas Casualties.
- (8) Diets
- (9) Medical Terminology.
- (10) Medical Mathematics
- (11) Bandaging.
- (12) Treatments.
- (13) Physical Examinations.
- (14) Preventive Medicine
- (15) Department Functions in Military Hospitals.

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